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ABSTRACT

Sixteen home economics teachers participated in the workshop, which was designed to prepare teachers to begin an introductory health service program or to broaden the concepts of home economics occupational programs as related to the health occupations field. The workshop was planned by the Supervisor of Personal Services of Detroit Public Schools and members of the Wayne State College of Nursing staff over a 1-year period. Workshop activities included content area lectures, laboratory practice, curriculum interpretation, hospital visits, and video-tape presentations of nursing skills. At the conclusion of the workshop, 13 students felt secure enough to undertake the planning and development of a course and three felt secure enough in preliminary tasks but believed they needed field work before beginning to teach. The greater part of the document is appendixes, including high school level curriculum materials designed by specialists in the Wayne State University, College of Nursing and Education and coordinated in the publication by the workshop director. Also included are suggested floor plans, a community survey instrument, and the workshop questionnaire. (JK)



### HOME ECONOMICS/HEALTH OCCUPATIONS PROJECT



Wayne State University
College of Education
Detroit, Michigan
1968

Workshop for the Preparation of Teachers

Interested In Developing Programs at the Secondary Level

for Entry Level Jobs in the Health Occupations

'July 1 — July 25, 1968)

by

Bette LaChapelle
Workshop Director

A Development Project
funded by the
Michigan Division of Vocational Education

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE OFFICE OF EDUCATION

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3) UH	School System  Development Group Home Economics Teachers preparing to teach health services courses.  Level of Group Graduate Students.  Method of Design, Testing, and Trial Designed by Specialists from the College of Nursing and the college of Education. Coordinated in the publication by Workshop director. Currently being tested in 5 schools plus more as project report is circulated.  tilization of Material:  Appropriate Educational Setting High School - 11th and 12th Grade  Type of Program Entry level courses to train health care aides.  Occupational Focus Health services  Geographic Adaptability Any locale  Users of Material As a curriculum guide.  Users of Material Home Economics teachers.
;	Teacher Competency Teaching certificate in Voc. Home Ec - Knowledgable in using behav- Student or Trainee Selection Criteria Students, 11th - 12th grade, ioral objective  considering a career in health services and entry at the Aide level.  Time Allotment 1 Semester  Supplemental Media  Necessary Desirable X (Check Which)
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### INTRODUCTION

The Health and Nursing Profession is people caring for people. This concept has great appeal for many young men and women yet with the vast amount of publicity indicating the needs for the highly trained professionals in this field, little has been said regarding the huge demand for the technicians and aides who work with them. According to an article in the September, 1966 issue of Changing Times magazine which dealt with the "good jobs" in the health fields, several interesting facts were stated:

- 1) 10,000 men and women will be needed every month through 1976 to take choice of 200 different kir: ds of jobs related to health,
- 2) college is useful but not required in most of these openings.
- 3) jobs have increased in this area 55% in the past decade, and
- for every doctor needed, 12 other people are needed in supporting roles to help him provide the type of care the average citizen demands today.

Many of the jobs in the supporting roles of the health field require technical level preparation or a college degree. There are many others, however, that require a general knowledge of good health practices and how they are applied in entry level positions. This is important in thinking through programs for the secondary level curriculums. Our purpose should not be to prepare students for deadend jobs but rather to help the individual recognize that certain levels of education enable one to secure various levels of employment. The vocational education program at the secondary level would thus give the student an entree into the field of his choice from which point he does or does not choose to pursue his education further.

The health occupations field continues to have a dearth of competent personnel at the entry level in most institutions requiring such services. As needs at the professional level continue to expand and grow, it becomes increasingly apparent that the secondary schools can make a significant contribution in educating entry level personnel for the health occupations. Discussions with selected hospitals and nursing home personnel indicate that in many instances training programs of sufficient depth and length to give the new employee security in his own knowledge and skill before placing him or her "on the floor" is not being provided. This is not necessarily a decision of choice but of necessity. The professional staff has too many other responsibilities now.



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By preparing students in the secondary schools for entry level positions in the health occupations, students can gain a philosophy which relates education to level of occupation. In other words, the preparation would not be for a "dead-end" job but the first step on an employment ladder. Training on-the-job may give the young person a feeling of immobility, since only one specific opportunity may be pointed out to him.

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### **PROJECT**

The Home Economics/Health Occupations Workshop was specifically undertaken to discover whether it was postible to provide a concentrated experience for home economics teachers which combined the content discipline and education curriculum theory. It was further planned that, as a result of this combined lecture, discussion, laboratory learning opportunity, the teachers would be able to return to the secondary school and either begin an introductory health service program (Health Services I) and/or broaden the concept of the Home Economics Occupational program as it related to the health field.

Over a period of one year, the workshop director and Miss Margery Trott, Supervisor, Personal Services, Detroit Public Schools, met with Dr. Margaret Shetland, Dean, College of Nursing and key members of her staff. The purpose of these meetings was to plan the total undertaking carefully and to include only those experiences which would be acceptable to all the personnel and agencies concerned. Concurrently, contacts were made with the leading health organizations related in some way to the project to secure comment, materials, and additional ideas.

A proposal for state vocational funding was written in December, 1967. The project approval was received April 4, 1968. The key members of the project met and recommended an advisory committee which would represent interests vital to the undertaking. The members of the Advisory Committee were and continue to be:

Rhoda Bowen, Assoc. Professor, Educ. for Nursing Via TV, College of Nursing, Wayne State University

Lucy Brand, Asst. Professor, Medical-Surgical, College of Nursing, Wayne State University

\*Gertrude Capps, Supervisor, Home Economics Sr. High, Detroit Public Schools
John Doherty, Executive Director, Michigan Health Council, East Lansing
Florence Edwards, Home Economics Teacher, Detroit Public Schools
Helen Garvin, Nurse Education Counselor, Detroit Public Schools



<sup>\*</sup>Mrs. Gertrude Capps retired from the Detroit Public Schools in June, 1968. This position has not been filled.

Eleanor McCrimmon, Consultant, Division of Vocational Education, Michigan Department of Education, Lansing

Margaret Shetland, Dean, College of Nursing, Wayne State University

Margery Trott, Supervisor, Personal Services, Detroit Public Schools

Lottie Waterman, Consultant, Health Occupations, Division of Vocational Education, Michigan Department of Education

### **WORKSHOP OBJECTIVES**

### Major Objectives:

- 1) Understand the scope of the health occupations with an emphasis on setting up high school courses and experiences within these areas.
- 2) Prepare teachers to conduct health occupation courses in secondary schools through an intensified educational experience in the significant content areas.
- 3) Develop some curriculum materials for teaching based on the educational experience in the content areas stressing sound educational objectives.

### Specific Behavioral Objectives:

- 1) Demonstrate an understanding of the subject matter related to that required of a nurse's aide by successfully passing a written test.
- 2) Is able to demonstrate satisfactorily, according to professional nursing criteria, those skills required of a nurse's aide.
- 3) Relates the knowledge and skills learned in the workshop to the day-to-day learning experiences in a secondary school classroom.
- 4) Is able to write meaningful behavioral objectives and learning experiences using those concepts discussed in the workshop.
- 5) Evaluates objectively the student's own work and that of the group.
- 6) Contributes to the success of the workshop by accepting those responsibilities described in the workshop plan.

### PRELIMINARY ARRANGEMENTS

### Planning the Workshop Content

To insure the success of the workshop and acceptability of the learning experiences planned for the students, a detailed outline of the health related content and laboratory experiences was



developed by the major consultant on the project, Miss Dorothy Hanigan. The related curriculum experiences which would help the students relate their workshop experiences to the day-to-day learning environment of the secondary classroom were also developed at this time. On May 6, 1968, the project director and major consultant met with the Advisory Committee to present the workshop plans, discuss changes and other recommendations, and accept any suggestions which would enrich the program. The specific objectives and experiences were determined at this time but clarified later by the workshop staff. The project director and consultant continued to meet regularly to refine and define the day-to-day knowledge — laboratory — curricular experiences, e.g., a project block plan. It was decided to use those knowledges and skills fundamental to a good nurse's aide's preparation; this being one of the more complex entry level jobs.

In order to maximize the use of both student and staff time, arrangements were made with Miss Rhoda Bowen, Assoc. Prof., College of Nursing, to use eleven (11) Video Tape Lessons which had been developed for the Detroit Education for Nursing Via 2500 Megacycle Television project. These video lessons on basic nursing skills were an integral part of the knowledge and skill portion of the workshop.

To supplement the experiences in the workshop, arrangements were made with four (4) hospitals in the metropolitan area for "a day in the field."\* The workshop students and the project director were each assigned to work along with a nurse's aide, a ward clerk, or a dietary aide.

It was decided, prior to the beginning of the workshop, that formal evaluation instruments (except as they related to content and skills) would not be appropriate for the objectives. Open-end questions would be given to the students to take home and return on the last meeting day. This was coupled with a brainstorming — evaluation — discussion which was tape recorded.

### Contacting Potential Students

A descriptive brochure was developed which explained the general format of the workshop. The brochure, accompanied by a note requesting that the material be shared with the Home Economics staff, was mailed to each secondary school principal in the state of Michigan. It was understood that ideally the project would be limited to a minimum of 16 students (and a maximum of 24), but



<sup>\*</sup>The hospitals participating in the program were: Harper Hospital, St. John's Hospital, Henry Ford Hospital, and Hutzel Hospital.

it was important to give visibility to the concept involved since many schools may not have considered this dimension of a vocational program for secondary school pupils.

### THE WORKSHOP IN ACTION

The workshop for Home Economics teachers interested in secondary school entry level programs in the health occupations at Wayne State University began on July 1st and ended on July 25, 1968.\* Sixteen teachers from the metropolitan area of Detroit enrolled in the workshop. Of this number, four (4) were currently involved in some type of health services program.

### Workshop Facilities

The College of Nursing at Wayne State University provided excellent facilities to implement the objectives of the workshop. Three separate rooms were made available appropriate to the task at hand: 1) a large conference room which was home base, study area, materials center and afternoon curriculum laboratory, 2) a small lecture auditorium equipped with television receivers, demonstration stage, built-in screen, etc., and 3) a nursing laboratory equipped with 12 hospital room stations. A student lounge was adjacent to the latter two areas providing for relaxation and snacks during class "breaks."

### Student Responsibilities

Each student was responsible for the following:

- Attend all morning and afternoon sessions.
- Act as secretary \*\* for one day of the workshop.
- Acquire understanding and ability to relate to others, the "content" related to the health services presented in the morning sessions.
- Develop and present to the workshop one of the projects suggested for the workshop on July 25 or July 26, 1968. The project must be written out in detail and turned in to the instructors on the day of her oral presentation.



<sup>\*</sup>It is planned that the majority of these students will return in the summer quarter, 1969, to complete the clinical aspect of the project.

<sup>\*\*</sup>The daily workshop secretary will write concise, objective notes on the day's activities and content. These will be shared at the beginning of each p.m. session of the following day for approval and the supplementary comments of the group.

Purchase a lab coat and textbook for personal use.

The textbook for the course is:

"Training the Nursing Aide," Instructor's Guide. Hospital Research and Educational Trust, Chicago, Illinois, 1965.

- Participate in and contribute to the discussions and work of the workshop.
- Read Cooperative Occupational Education by Ralph Mason and Peter Haines,
   1965. Chapters 3 through 11. (Copies found in 4th Floor Educ. Library.)
- Be prepared for the daily video tape lessons by reading through the objectives and outlines provided.
- Read from the supplementary bibliography provided by the staff.

### Workshop Format

With the exception of the first day, the last two days and the "field" day, the workshop followed a similar daily procedure: (See appendix for details)

- a) Introduction to the content area
- b) Video-tape on nursing skill(s)
- c) Coffee break
- d) Lecture and discussion
- e) Lab practice
- f) Curriculum interpretation

The first day of the workshop was devoted to an orientation to our objectives and an understanding of the importance of this project. The highlights included the following:

- Introduction to the Workshop Bette LaChapelle
- The Health Services Field: Needs and Education Dean Margaret Shetland,
   College of Nursing, Wayne State University
- Tour of the Workshop Facilities Dorothy Hanigan
- "Needs for Secondary School Programs in the Health Services Field and On-Going Programs" Lottie Waterman, Consultant, Health Occupations, Michigan Department of Education
- "Recruiting for Professional Nursing Education" Nurse Education Counselor, Detroit Public Schools

The "field" day or hospital visit objectives and guide may be found in the appendix. This was an invaluable experience. Everyone was impressed with the fact that the hospital personnel who were acquainted with the purposes of the workshop tasks were highly receptive to the idea. This was particularly true of a number of nurse's aides with whom the director conversed. They felt they might have been far more secure and effective on the job with the type of training we were proposing.



The last two days of the project were spent in hearing project reports and recommendations and a verbal evaluation of the total experience. From the staff's perspective, it was very apparent that this particular group of students had come with a committment to learn, to contribute what it was possible to give, and to take back as much as they could glean from their experience in the group. Far more effort was put forth, by the majority of the students, than was expected. It was apparent, also, that the majority of class members had developed strong group cohesiveness and loyalty, as well as strong and positive rapport with the staff. These latter group characteristics enabled us to evaluate verbally in an open, honest manner.

### **EVALUATION AND RECOMMENDATIONS**

Two types of evaluations were used in the workshop: 1) combination of written and practical tests to determine the students comprehension of content knowledges and skills in performing nursing tasks required of entry-level workers, and 2) an open-end questionnaire to determine the student's reaction to their experiences in the workshop. Part I of the questionnaire (see Appendix E) asked the student to discuss how the workshop objectives were met from her own point of view.

Part II requested the student to evaluate the strengths and weaknesses of the workshop and the perception she now held of herself in relation to developing and/or teaching a Health Services I course. It was suggested that the student write Part II anonymously. Only two students availed themselves of this option.

A third evaluation technique was used but is not included, for the most part, in this paper. The staff decided that a strong rapport had been built with the members of the workshop which should enable them to evaluate verbally with the group. It was felt that this "conversation" would produce additional information which students might have forgotten but would recall as other class members provided stimuli. This conversation took place on the last day of the workshop and did produce both a lively discussion and additional information. The conversation was tape recorded but a type-script has not been made at this point. It is planned that this material will be available by the time the workshop group completes their cooperative work experience in the summer session, 1969.



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### Student's Concept of Workshop Objectives

- 1. It was unanimously agreed that objectives one, two and three, of the workshop, were met successfully.
- 2. The feasibility factor was explored and the majority of students assumed the projects would continue and made recommendations (see next topic) from that frame of reference.
- 3. The strengths of the workshop indicated by the greatest number of students (10 or more) were:
  - a) the team approach used by the staff
  - b) the positive attitude toward the students of the College of Nursing staff
  - c) the video-tape lessons
  - d) the guest speakers
  - e) the participation in a local hospital program
  - f) working together to produce .::aterials which everyone could accept and use (several people had never had this type of experience)
  - g) working together in the lab to learn new skills
  - h) the enthusiasm and committment of the workshop members
  - i) the facilities and equipment used for the workshop
  - i) coordinating knowledge and content with curriculum theory
- 4. The weaknesses of the workshop as indicated by the greatest number of students (six or more) were:
  - a) Not enough time:
    - 1) to do all the reading available
    - 2) to spend in the lab
    - 3) to work on the individual project
  - b) a need for more than one copy of some materials on the bib 'ography
  - c) the staff had not planned enough "wiggle" time in either the a.m. or p.m. There was a need to move about more.
  - d) a need for a field experience in a nursing home as well as a hospital
- 5. The minutes taken daily by a workshop member, duplicated, and shared the next day, were mentioned often as a strength of the workshop. They are referred to individually because they provided a dimension which had not been planned.

The minutes were originally intended merely to keep a running account of what happened day-to-day, from a student's point of view. In addition, they provided the staff an opportunity to check the accuracy of the information being taken in notes. By calling attention to points which needed clarification and general comment on the minutes by the class, a daily evaluation of the previous day's focus was added.



### Student Recommendations

- 1. Publish the materials developed cooperatively in the workshop as a part of the report indicated in the proposal which provided for this summer's experience.
- 2. In any succeeding workshops, more time should be allowed to work on the projects with consultants help available.
- 3. A clinical experience (cooperative work education) should be planned as a follow-up or integral part of the Home Economics/Health Occupations Training pattern for teachers. There was no consensus as to the time but it was agreed by the majority of students that it must be preceded by the Workshop which included theory, laboratory experience, and curriculum development.
- 4. In succeeding workshops, more time should be allowed for practicing and developing skills.
- 5. The workshop should be held for 5 weeks rather than 4.
- 6. The project should be continued and materials such as those developed in this workshop, should also continue to be an integral part of the requirements for the teachers participating.
- 7. If more time can be made available, teachers should be required to present one mini-lesson to the class.

### Student Self-Concept In Relation to a High School Course

- 1. Thirteen students felt secure enough to undertake the planning and development of a course for one or more of the following factors:
  - a) the wide variety of skills learned
  - b) the breadth of content learned
  - c) moral support from the university
  - d) the materials which were developed in the workshop
- 2. Three students felt secure enough to undertake the planning, selection of an advisory committee and other preliminary tasks but felt the need for some work in the field before beginning to teach a group of students.
- 3. Twelve students indicated an interest in returning summer session, 1969 to participate in a clinical experience.



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### HOME ECONOMICS/HEALTH OCCUPATIONS WORKSHOP MEMBERS

Marie Bright	Shirley Gallagher	Noreen Mader	Jessie Moner
Marjorie Drummond	Marie Gardner	Rosemary Malish	Anna Mae Rittinger
Florence Edwards	Sylvia Johnson	Marilyn Martin	Ferolyn Strait
Cora Eubanks	Constance Level	Kathy Meagher	Marilyn Wickett

As indicated in the evaluation comments, the success of the workshop was due, to a great extent, to the committment and energy expended by the student members. Many other materials were developed but could not be shared at this time for various reasons. It is hoped that these materials will be of some value to the teachers using them. Any suggestions or comments will be greatly appreciated by the staff.



### **APPENDICES**

APPENDIX	"A"	1. Suggested Outline for Health Services I
		2. Curriculum Plan for Health Services I
		3. Suggested Outline for Health Services II
APPENDIX	"B"	Suggested Bibliography — Secondary School Health Acceptance Course(s)
APPENDIX	"C"	Suggested Floor Plans for Secondary School Health Occupation Classroom(s)
APPENDIX	"D"	Suggested Community Survey Instrument
ADDENITY	(CE))	Workshop Questionnaire

### APPENDIX A

Curriculum Materials



### Tentative Outline, Health Service I

### Unit I Orientation

- A. Scope of Health Service field
  - 1. Different roles of personnel
  - 2. What you can expect as well as contribute
- B. Why hospitals are needed
  - 1. Why health services are needed
  - 2. Needs for Health Service personnel
  - 3. How program started in the Detroit Public Schools

### Unit II Organization

- A. Role of members in the health team
- B. Functions of departments of hospital and/or other health institution

### Unit III Personal characteristics and ethics

- A. Grooming
  - 1. Personal hygiene
  - 2. Appearance
- B. Human Relations
  - 1. Attitude
  - 2. Empathy
- C. Behavior
  - 1. Respect for authority
  - 2. Manners and courtesy
  - 3. Integrity
  - 4. Responsibility, dependability
  - 5. Sense of humor
  - 6. Pride in work
  - 7. Motivation
  - 8. Cooperation

### D. Ethics

- 1. A set of moral principles or values
- 2. Ethical values of the medical and nursing professions



### Unit IV

### Responsibilities of the Health Team

- A. Medical asepsis
- B. Body Mechanics
- C. Safety
- D. Communications

### Unit V

### Admission and discharge and transfer of patient

### A. Routine

- 1. Taking Basic Data
  - a. Health history
  - b. Personal history
- 2. Care of personal belongings
  - a. Clothing
  - b. Valuables
  - c. Other

### B. Attitude of admitting

- 1. first impressions matter
- C. Communications
  - 1. giving patient information
    - a. hospital routine
    - b. mealtimes
    - c. visitors
  - 2. obtaining information
  - 3. relaying information
- D. Discharge procedures
  - 1. regular
  - 2. against medical advice

### Unit VI Preparing the environment

- A. Cleaning and general care of unit
  - 1. removing used equipment
  - 2. principles of disinfection and sterilization
  - 3. applying principles to unit and equipment



- B. preparing for new patient
  - 1. making unoccupied bed
  - 2. replacing equipment
    - a. bedpan, emesis basin, wash basin
    - b. linens, towels, patient gown, soap

### Unit VII Patient Care

- A. Elimination
- B. Washing face and hands
- C. Oral care
- D. Hair care
- E. Method of Transfer and Ambulation

### Unit VIII The Human Body (Physiology and Anatomy)

- A. General Overview of Body Structure
  - 1. cells
  - 2. tissues
  - 3. organs
  - 4. systems
  - 5. body regions
- B. Skin, first line of defense
  - 1. structure and function
  - 2. decubitus ulcers, prevention and treatment
  - 3. temperature,
- C. Musculo skeletal system
  - 1. structure
  - 2. body-mechanics for the patient
  - 3. contractures, cause and prevention
- D. Digestive system
  - 1. structure
- E. Elimination
  - 1. structure and function urinary
  - 2. structure and function bowel

- F. Circulatory system
  - 1. structure and function
  - 2. pulse, a cardinal symptom
- G. Respiratory system
  - 1. structure and function
  - 2. respiration, a cardinal symptom
- H. Nervous system
- J. Reproductive system
  - 1. structure and function

(Although the outline appears to be quite detailed, the major purpose, as shown, is to understand the structure and function of the various parts of the body rather than process framework to be used in the second course experience.)

Unit IX Getting A Job — This area was not developed in the specific guidelines.

### INTRODUCTION

In the course of the Workshop, the following curriculum materials were developed by the student members with assistance from the staff. Although the materials have been developed in relation to institutional expectations, each local school system will need to interpret the ideas in relation to their own situation.

It is proposed that the materials be used in a classroom and then re-evaluated. Particular time periods have been recommended for each unit based on a class of average intelligence working with normal skill abilities. Adjustments should also be made in this area to meet the needs of a particular local program.

In the short span of time available, no attempt was made to identify generalizations for each area. The focus, instead, was on the major concepts to be developed. The video tape guides which each workshop member purchased had excellent materials on this subject and repeating the task merely as a class exercise was not considered sound educational practice.\* The principles related to medical asepsis will probably never be forgotten!

The four (4) key questions which were applied to every practice or procedure in the guidelines are:

- 1) Is it safe for the patient and the health aide?
- 2) Does it follow the principles of medical asepsis?
- 3) Does it follow an organized method? and
- 4). Does it waste time and energy?

### Behavioral Objectives

The objectives are stated in behavioral terms in relation to the student. Small emphasis is placed on "what the teacher does" assuming that it is her responsibility to develop the learning opportunities within which the objectives will be achieved. The emphasis should continually be



<sup>\*</sup>Basic Nursing Skills: Unit I - Student Study Guide, Detroit Education for Nursing via 2500 Megacycle Television, College of Nursing, Wayne State University, Detroit, 1967 (DENT - used in curriculum material to identify these tapes.)

on the student understanding "why" tasks are performed in a specific way. The student should also know and understand why routines and orderly procedures have been developed. Creativity and ingenuity in proceeding with responsibilities are very limited, if allowed at all.

### Content

The content presented is comprehensive but by no means, exhaustive. It is meant merely to act as a guideline in determining the direction of the various units. Some units present more detail than others for emphasis. In other units, the teacher is left with many choices.

There is deliberate overlapping and repetition of both content and learning. This is based on the theory that as a student successfully repeats a performance or understanding he knows, he will become more confident in performing the task. The student will also understand the basic principle involved and recognize its use in a variety of responsibilities. Increasingly, as the course progresses, the student will identify commonalities in the application of the principle involved.

### Learning Opportunities

The learning opportunities presented are suggestive and, in most units, are not meant to be used in total. Time will not permit this. The local teacher may not consider any of them appropriate. She should then insert extra pages and develop additional ideas.

The classroom facilities will determine, to a great degree, whether the whole class can participate in a learning at the same time or whether parallel learning related to the concept under study needs to be planned. The supplies available, particularly linens, will also determine classroom activities.

The number assigned to a class is a vital factor. The greater the number, the greater the task the teacher will have in checking a student's performance of the skills. It is recommended that a maximum of 24 students be enrolled in a Health Services I course; a maximum of 16 students in Health Services II; and, a maximum of 10 students be supervised by the same coordinator in the cooperative experience. Ideally, the cooperative experience should be directed and supervised by a member of the health agency. The coordinator's role would then be to organize placement, follow-up, and evaluation procedures.

### Evaluation

Continuous evaluation is structured into the learning opportunities. In addition, a comprehensive practical and written evaluation needs to be developed to determine who may elect Health



Services II. The objectives for the final evaluation should include the cognitive, affective, and psychomotor dimensions of learning.

## UNIT I - ORIENTATION TO HEALTH OCCUPATIONS

## (Recommended time period: 4 - 6 weeks for Units I & II.)

### Major Objectives:

- Is able to give a definition of Health Services.
- Can identify and describe a selected number of health occupations requiring:
- professional training,
- technical training,
- high school training. Ç
- Participates in class discussions focusing on needs in the health field.
- Learns about the history of hospitals and other health institutions, as well as their expectations, policies, and routines.

## Specific Objectives:

- Categorizes the needs for and of health service personnel.
- Defines the jobs of selected members of the health service team.
- Makes lists of skills and responsibilities of the health service team.
- Visits at least two (2) different health service agencies, preferably as a part of a school group and writes an anecdotal commentary on the experience.
- Begins to use the vocabulary and terminology of the health service field.



CONCEPTS		-			
CONCELIS	CONTENT	_	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION	
Health service field	ealt		Students keep a notebook to be used as an on-going reference	Relate information obtained to entine class	class
	1. hospitals 2. schools 3. convalescent homes 4. clinics 5. offices	્રાં ————		Develop flow chart of vertical advangement after sorting information given by guest speakers.	ement guest
	alt	က် ———	Review reading material and then compile a list of personnel which belongs to the health service field.	Test student comprehension of the health service field. (Quiz, checklists, etc.)	lth
	1. professional		Define the health service team.		
	a. Board of Trustees b. directors c. administrators	ກຸ	Appraise the responsibilities of the health service team.		
	d. nursing staff e. medical staff f. food service staff	<u>ن</u>	Prepare questions to be asked when students tour health service institutions (health care agencies).		
	2. non-professional a. aides b. orderlies c. attendants d. housekeening staff		a. training b. functions c. responsibilities d. salaries e. time schedules, etc.		
	e. clerical staff f. dietary aides g. others		Observation of health personnel students select area of interest, divide into small groups, decide on institution to be toured, contact institutions, plan tours, get permission (school and home). Tour health service institutions.		
		∞ <u>`</u>	Interview personnel of the institu-		
		6	Identifies different kinds of medical, dental, and health related specialists and their role in health service.		
		10.	Guest speakers of health service personnel to present their experiences.		
		11	Discuss line-staff personnel and the correlation of their responsibilities to the health service team.		



CONCEPTS		CONTENT		LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Health service needs	Ą.	Needs in health service institutions.	1.	Read materials giving information on needs of health service institutions.	
		•	્યું ———	Classify the needs of various health service institutions for clarification of the needs.	
			က် 	Discuss ways and means of fulfilling these needs of the health service institutions.	
	æ.	Needs for health service personnel.	<b>ન</b>	Define the needs for health service personnel.	
			લં	View visuals for identification, seeing in action, and evaluating the needs of health service personnel.	Summarize the needs and methods of fulfilling on the chalk board so students can see how these are present in all institutions.



## ERIC Predicts reconstruction

# UNIT II - HEALTH FACILITY: ORGANIZATION AND STAFF

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## Major Objectives:

- Is able to name the entry level members, technical personnel, and professional staff of a health team and describe their role in the total team effort.
- Can explain the relationship of the various departments in a hospital or other health facility. 3) 3)
- Observes general floor plans of a health facility and explains why departments are located in specific sections of the building.

## *Specific Obje*a) b) c) d) f)

- Makes a list of duties for each member of the health service team.
- Define how these duties should be performed.
- Describe how these duties are performed.
- Visit a health agency to see these duties performed.
- Look at hospital or health facility floor plans in books, films, transparencies and/or overhead projections.
- Visit as many different departments in a health agency as can be arranged.

LEARIVING OPPORTUNITIES SUGGESTED EVALUATION	1. Set up criteria for becoming a member of the health service team.  2. Teacher introduce the importance of having good personal characteristics to be a health team member. (Unit III.)  3. View film on the entry levels of the health service team to stimulate the class discussion of the entry levels at which the members of the health service team begin. (Teacher select from suggested audio-visual tools of bibliography.)	1. Gather and assemble historical facts by reading supplementary materials.  2. Read medical history texts on:  Lister Pasteur Nightingale, etc.  to obtain historical facts.  Class discussions on historical facts of health care agencies so that all can be exposed to the information.  a) Panel presentations b) Symposiums c) Individual reports  Set up criteria to evaluate the thoroughness with which each student explored his topic.  Criteria should be determined by the class.	1. Collect and review health care agencies policies to find out how these agencies are operated.  2. List the different departments of health care agencies and their functions.  a. describe the business department and the functions.  b. describe the patient care department ments and the functions.				
CONTENT	Job titles  a. clerical aides b. food service aides c. nursing aides d. housekeeping aides e. orderlies f. attendance, etc.	Historical facts Growth of purpose of the health care agencies.	Health care agencies operation. a. policies b. departments				
	ਜਂ 	н	ਜਂ 				
CONCEPTS	Entry level jobs	Health care agencies history (hospital)	Health care agencies organization (hospital)				

SUGGESTED EVALUATION	Evaluation of kinds of health care agencies. Students plan, contact, and visit different health care agencies so first hand knowledge can be obtained and presented in class. This visit might be for a week end so time would not be missed from other classes.
LEARNING OPPORTUNITIES	c. describe the employment department and the functions.  3. Show various floor plans to class and have the students point out the:  a) clusters of facilities, b) travel paths for various patient types, and c) distance between departments.
CONTENT .	
CONCEPTS	Health care agencies organization (hospital) cont'd.

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## UNIT III - PERSONAL CHARACTERISTICS

(Recommended +ime period: Approximately 3 weeks. Individual group needs may extend this time.)

### Major Objectives:

- Acquires grooming habits which create an immaculate appearance evidenced in class every day.
- Knows and practices correct posture and good body mechanics.
- Can explain the role of sound nutritional practices to good health and personal appearance.
- Develops positive attitudes towards work and the dignity of work which are evidenced in all class work.
- Carries on a conversation effectively with another person.
- Is able to explain "ethical behavior" and its significance to the health team.

## Specific Objectives:

- Gives every indication of cleanliness and uses make-up discriminately.
- Wears clothes suitable for age and size.
- Is able to work as a team member or leader in the classroom situation accepting responsibility for tasks undertaken or assigned. a) b) d) e)
  - Is courteous and well-mannered at all times, showing consideration for peers and respect for adults.
- Employs good health and nutritional practices as evidenced by clear skin, clean hair and fingernails, sound teeth and other positive physical characteristics.
- Practices medical aseptic techniques in class at all times.
- Is able to observe the behavior of others and record it objectively.

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Good	<ul> <li>A. Personal Hygeine</li> <li>1. Cleanliness</li> <li>a. Skin</li> <li>b. Hands and feet</li> <li>c. Teeth</li> <li>d. Hair</li> <li>e. Clothing</li> <li>B. Feminine hygiene</li> </ul>	Each student develop a chart of daily grooming and health habits.  Give "quickie" demonstrations on accepted methods to:  a) clean skin b) apply make-up discretely c) care for hair simply d) maintain sound teeth e) keep hands and nails neat f) other areas indicated by class	Have each student take a personal inventory and determine, with teacher's help, areas of increased attention. Re-check inventory every 4th week throughout course. If needed, appropriate change should take
	C. Personal Impressions	Discuss the use of cosmetics.	place.
	1. Cosmetics a) face b) hands c) feet	<ul> <li>the amount</li> <li>the kind</li> <li>the reasons</li> <li>View the film "A More Attractive You."</li> </ul>	Observe continued practices of students
		Set up a display of student grooming aids.	throughout the course.
		Prepare a composite picture of what student thinks the patient expects of health team member in the area of grooming.	
		Discuss dangers of borrowing lipstick, comb, brush and other personal grooming articles.	
		Observes a beautician's demonstration of "easy care" hair styles.	
		Listen to a conversation between pairs of students in a patient-aide skit recorded on a tape. Role play several types.	
	eta	Students view transparencies of reproductive system and elimination system.	
	2. Regularity of mealtime 3. Empty calorie snacks or meals 4. Fatigue caused by diet.	a) Explain relationship of good cleanliness and dietary habits to effective functioning of systems. b) Discuss problems which may be created by poor habits.	

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SUGGESTED EVALUATION					Observe students on a regular basis for good posture practices.	Each student do a personal evaluation of her posture. Have a photographer take pictures of each girl sitting and a side-view standing						Develop a written evaluation to determine student's concept of good grooming and	good impressions.			Observe student hand-washing practices	throughout course.
LEARNING OPPORTUNITIES	Make a chart showing cause and effect of being:	under - nourished	over - nourished	(Fat Granny and Weak Wilma)	Prepare a skit on Good Posture using the National Dairy Council materials.	Explain the thought — First impressions are based on personal appearance.	Invite a model to attend class to talk about the importance of posture.	Re-view transparencies on reproductive systems and list the apparent effects	of poor posture on the menstrual cycle.	Discuss the effects of sleep on all the body	Explain role of proper shoes and clothing cn posture.	Role-play situations where the individual who has:	a) "tossed and turned" all night	b) stayed up to watch the late, late show	c) dated every night in the week	Define medical asepsis	Demonstrate proper hand-washing tech- niques.
CONTENT					E. Posture and Body Mechanics 1. Efficiency	<ul><li>a. body alignment</li><li>b. activity</li><li>c. inactivity</li></ul>	2. Exercise	s. Comiort 4. Fatigue	5. Safety	F. Sleep and Rest	<ol> <li>Fatigue</li> <li>Emotional effects</li> <li>Exercise as a form of rest</li> </ol>					G. Medical Asepsis	
CONCEPTS	Good Grooming cont'd.																

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CONCEPTS		CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Hiuman Relationshins	ပ	Courtesy	Describe various reactions of a new pa-	List ways in which hospital staff can extend
conva.		<ol> <li>Manners</li> <li>Etiquette</li> <li>Emotional Control</li> </ol>	tient. What determines lear and anxiety.	social courtesies.
	Ö.	Integrity	Interview a health team member. What	
		1. Honesty 2. Respect for patients pos-	are die general neadn insuludion fules.	
		3. Follow rules a. call in for absence 2 hours before work	Make a chart comparing rules brought in by the whole class.	
		time b. call for tardiness 4. Aim to please in a therapeutic way		
	ष्ट्रं	Responsibility	Write a skit for a puppet depicting a re-	
		1. Safety	Sponsible nearn ream member in action. An irresponsible member.	
		a. use and care of equip-	a. toward care of aged	
		b. correct routine and	b. treatment	
		c. use of oxygen d. know name, room number, and bed number of each patient	c. education of patient	
		2. Economy	See and write a reaction to the film,	Have a spelling bee on words learned to date.
		<ul><li>b. waste through neglect</li><li>c. stealing</li></ul>	Discuss: Living in a hospital, i.e., being a patient.	Using a Keyword Board, students develop a crossword puzzle using health words.
	Œ	Mental Health		
		1. Emotional reactions 2. Emotions affect health	Discuss and define:	
			sublimation identification compensation rationalization	

SUGGESTED EVALUATION												Take a "quickie quiz" to match leaders	and titles with the faiths they represent.			Use a check-list to determine students con-	cept of health facility expectations.		
LEARNING OPPORTUNITIES							Students "brainstorm" the idea that the	responcible workers are happy workers.		Become familiar with various religious	sects and related symbols.	Learn titles of leaders of various faiths.	rractice addressing leaders by title.	Invite a hospital chaplain to visit the class and talk about his role and responsibility.		Discuss:	- conditions of employment	- causes for dismissal	
CONTENT	3. Learn to accept what you cannot change:	a. talk out problems b. release tensions	4. Learn to get along with others	<ol><li>Accept yourself and your role</li></ol>	6. Relate to patient's family and health team positively	7. A sense of humor	G. Pride in work	<ol> <li>Responsible attitudes to- ward work</li> </ol>	2. A job well done	H. Spiritual needs of the patient	1. Chapel	2. Chaplain and other religous staff	3. Religous symbols	4. Empathize with patient who wants to pray or read religous book	5. Requesting a cleric	A. Hospital Rules	1. Personal phone calls	2. Use of alcohol	3. Smoking
CONCEPTS	Human Relationships cont'd								•							Respect for	Anguar		

Respect for Authority cont'd.		CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
ont'd.	4,	4. Statements to press		
_	44.0	5. Absence from work		
	•	6. Using hospital address for personal mail		
	B.	Personnel policies and regula- tions	Discuss and define:	Begin a self dictionary which by the end of
	77	1. Check in — time clock		words which are commonly used in a health facility.
-	CN	2. Uniforms, badges, etc.		
_	ຜ	3. Cleanliness	hypocrisy tolerance faith brotherhood	
•	4	4. Staff behavior	devotion idealism	
		<ul><li>a. in halls</li><li>b. in patient rooms</li><li>c. with patient's family</li></ul>	Students add words or clauses which they feel were omitted.	
	πO	5. Accepting tips and gifts	The code is principles to live by to pre-	
_	C.	A Code of Ethics	serve order and promote the safety of society's members. Discuss and develop	
	_	1. Conserve life and promote	the type of code the class would expect to find in a health facility.	
	01	2. Continuously study and keep up to date		
-	က်	3. Never leave a station until relief has arrived		
	4.	Respect all religious beliefs		
	າຕຸ	. Keep all confidences		
-	છ	Report any patient changes immediately		
	7.	. Know your limitations		
	œ <b>ʻ</b>	Seek advice when you don't understand. Be sure! A life may be at stake.		

SUGGESTED EVALUATION						
LEARNING OPPORTUNITIES						
CONTENT .	9. Must not participate in unethical procedures 10. Loyalty to institution and patients	11. Give consciencious service for remuneration received				
CONCEPTS	Respect for Authority cont'd.					

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# UNIT IV - GENERAL RESPONSIBILITIES OF HEALTH TEAM

(Recommended time period: 2 weeks)

(General concepts involved are related to for the balance of the course.)

#### Major Objective:

Show an awareness of the responsibilities of the health team by continued practice of the basic principles of medical asepsis, body mechanics, safety and communications as these relate to themselves and the patient.

#### Specific Objectives:

Define the term "medical asepsis."

Describe two ways in which micro-organisms are spread.

Washes hands properly to reduce transient micro-organisms.

Understands the meaning of and is able to use proper body mechanics in all activities. Applies body mechanics to reduce fatigue conserve energy. Alters body position to maintuin balance and look efficient. and

Demonstrates awareness that safety is a responsibility of each health team member toward patients, themselves, and other employees by practicing safety rules of institution:

Can explain the relationship between physical and mental health and how they may be affected by similar conditions.

Demonstrates through participation in class learning an understanding that effective communication reduces stress and provides satisfaction for those persons involved.

Is able to communicate effectively on both verbal and non-verbal levels.

As indicated above, it is assumed that the general concepts developed in this unit will be used throughout the course. Those persons planning these materials felt that though this would be true, some special attention should be given to these 4 areas since they are such great importance and must be understood thoroughly.

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SUGGESTED EVALU ATION	*ARROWS INDICATE THAT THE LEARN- ING OPPORTUNITY MAY ALSO BE USED AS AN EVALUATION TECHNIQUE.			Draw a picture of the yeast observed.	Students refrain from habits which may be harmful to others, such as coughing into another person's face.	Identify clean and dirty areas in a health institution.			
LEARNING OPPORTUNITIES	Pass worksheet on which each term is spelled correctly. Allow space for students to jot notes during the lecture.	Demonstrate aseptic handwashing procedures, emphasizing adequate soap, friction, time and drying techniques.	Students practice aseptic handwashing under teacher's supervision, giving special attention to the use of friction, time, soap and paper toweling.	Students view live yeast culture through a microscope to see how bacteria grows. If possible, see slides of other bacteria.	Demonstrate the use of paper tissue in coughing and sneezing. Emphasize covering the mouth, folding the contaminated area inward and disposing of the tissue properly.	Student dramatize skit showing correct and incorrect methods for using tissues.	Class views film on asepsis, for example, <i>Hospital Sepsis</i> or <i>Linen Handling In Nursing Homes</i> . Follow the film with buzz-group discussions of sanitary techniques.	Discuss by brainstorming the separation of hospital patients into isolation medical and everyon medical and everyon medical and everyon and	Students grow agar cultures in Petri dishes; expose to students hands
	ij	લં	က်	4	က်	6	7.	ထံ	တ်
CONTENT	or n efin	2. Micro-organism 3. Pathogen 4. Protein 5. Contamination 6. Infection	7. Disease 8. Disinfection 9. Sterilization 10. Antiseptic 11. Communicable	12. Inanimate vector B. Responsibilities of health team member:	<ol> <li>Reduce number of micro-organisms</li> <li>a. wash hands properly and often</li> </ol>	b. cover coughs and sneezes with tissue properly.	2. Prevent spread of micro-organisms a. work from clean to dirty	b. clean away from yourself	c. avoid raising dust
CONCEPTS	<i>Medical</i> Asepsis								

SUGGESTED EVALUATION							In written assignment, students analyze health practices in one case study, emphasizing asepsis.				Written objective test: from a list, select those health practices which violate princi- ples of medical asepsis.	Evaluate personal health practices; each student does this privately. Students try to substitute a good habit for a septic one.
LEARNING OPPORTUNITIES	a. have not been washed	N.	1. 1 minute 2. 2 minutes 3. 5 minutes	c. area under a ring		10. In discussion 66, study up-to-date statistics on spread of disease in hospitals. Use figures for local agencies, if available.	11. Students brainstorm to analyze and evaluate written case studies of home and agency health practices.	2. Invite a physician to speak on good home health practices; make a list to follow as a high school student.	3. Demonstrate how to handle, clean, or dispose of contaminated equipment.	Role-play to illustrate ways in which micro-organisms may be spread directly from one person to another or through an inanimate vector.	Students dramatize by playlet, procedures to use when visiting sick friends in the hospital. Emphasize asepsis, for example, not sitting on the patient's bed.	Invite a nurse to speak on asepsis, including aseptic procedures which the health aide should follow on the job, and the role of asepsis in home safety.
CONTENT	ер	A. wash hands using adequate soap, friction and time.	B. Identify areas which are clean and dirty to the patient and to the health		C. Care of contaminated items:	1. Discard, if disposable 2. Sterilize 3. Disinfect	. T	12.	13.	14.	15.	16.
CONCEPTS	Medical Asepsis	3 3 3 3			_							

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SUGGESTED EVALUATION			Identify principles learned in physical education class and how they relate to a health team member.	Written quiz or assignment: students list principles of body mechanics and state a situation when they could apply each	principle, including now the principle would be applied and why use of principle saves energy and fatigue.						
LEARNING OPPORTUNITIES	<ol> <li>For homework assignment students read the chapter on posture in Beauty, Charm and Poise.</li> </ol>	2. Teacher-guided question-and-answer discussion of the reading assignment. Emphasize comparison of illustrations of good posture and poor posture in various tasks and positions.	3. Invite the dance teacher to demonstrate to the class proper ways of standing, sitting, walking, etc. Students then try to imitate her and ask her to correct any mistakes they may make.	4. Students act out skits to demonstrate good posture in situations such as these:			5. All students in class practice activities in 3 and 4 above during lab. section of class period.	6. Borrow a chart from the biology room to show long muscles and short muscles.	7. Using rubber bands, explain how muscles work.	8. Class views film on the importance of good body mechanics such as When Sally Fell from the U.S. Public	Health Service. Follow film with circular discussion regarding the need for proper use of the body and its muscles.
CONTENT	I. Need for proper body mechanics. A. Definitions:	1. Body mechanics 2. Good posture 3. Balance 4. Equilibrium 5. Muscles 6. Momentum	nportance of body mechics to patient and to salth aide:  Reduce fatigue	3. Provide comfort 4. Insure safety 5. Working, feeling, and	II. Good posture.	A. Needed in rest and activity.  B. Guides to good posture:		Work close to the object.	oll, push, or pull ojects when possible.	a. use body weight as a force when pushing or pull- ing	b. Do not lift when you can push, puil, or roll
CONCEPTS	Body Mechanics								•		

ander der der der der der der der der der	SUGGESTED EVALUATION	Practical test: each girl receives a grade in body mechanics as she practices tasks which an aide would perform such as making the unoccupied bed and giving the bedpan.	Girls examine snapshots of themselves to note the posture and try to improve it if it is poor. Before and after snapshots	might also be employed.  Girls appear more poised and balanced as they go through the school day.		Objective written quiz: students are given a list of situations and they identify safe and unsafe safety practices.	Students evaluate classroom safety practices and place ideas for improving them in question box.		Students demonstrate their safety skills by putting equipment away after using it.	Class develop a sarety manual, to be used during the balance of the course. Additions can be made as new concepts are introduced.
orthonistics activities assistential domination for the contraction of the second seco	LEARNING OPPORTUNITIES	Pass leaflets to students <u>Take It Easy</u> by the Way You Use Your Body. (Mich. State Univ. Co-operative Extension Folder F-257.)	Several girls might group together to prepare a bulletin board or poster using magazine illustrations or cartoons to picture good posture while:	a. Stending b. Walking c. Using stairs d. Bending e. Lifting f. Reaching g. Sitting	1. The class watches a young mother demonstrate care of a small child. Note her use of body mechanics, good and/or poor. Possible areas to demonstrate are feeding and diapering; lifting and carrying.	Teacher presentation: lecture about safety stressing the types, importance and principles involved.	In question-and-answer discussion, students list safety rules. These may be recorded on the chalkboard. Discuss reasons for following each rule:	a. in the Health Services classroom b. in the hospital or other health	Students do research in school library on safety:	a. at home b. at school c. in hospital d. in nursing home
AN EN RESERVENCE		တ် 	10.	<del>- ,</del>	 	ન	<b>୍ଷ</b> 	ion	က် 	
A CARACTOR STORAGE STO	CONTENT					<ul><li>I. Importance of safety.</li><li>A. Definitions:</li></ul>	1. Safety 2. Prevention 3. Health 4. Accident	r:	1. Patients 2. Members of the health team	
	CONCEPTS	Body Mechanics cont'd.				Safety				
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CONCEPTS	CONTENT	LEARNING OPPORTUNITIES
Safety cont'd.	C. Principles of safety:  1. Hospitals have hazards	Present information to the class in a panel discussion. Each panel is related to a specific idea.
		4. Study (by means of a panel discussion) up-to-date statistics on home and hospital accidents. Use figures for your community if they are available. Try to categorize common types of accidents and suggest preventative measures.
	time, money, and personnel.	<ol> <li>Have students identify incidents which illustrate "Safety Saves."</li> </ol>
	II. Areas of physical safety.	6. Several class members report on the interview they have had with a representative of a community agency
	A. Accident prevention.  1. Proper use of equip-	which helps with safety problems. For example, the Poison Control Center.
		7. Film such as <i>Diagnosis: Danger</i> or <i>Fire and Your Hospital.</i> After the film evaluate the safety plans presented in the film by circular discussion. (Films are from Michigan Dept. of Public Health.)
	e. waste paper bags f. lighting g. floors 1. clear 2. dry h. unused equip- ment	8. Use the suggestion-box for ideas regarding safe ways to store supplies and electrical equipment in the Homemaking department. Appoint a committee to enact the best suggestions.
	i. oxygen j. bed crank- handles 2. Transporting patients (stretcher or wheel-	9. Brainstorm in buzz-groups to analyze written case studies. Evaluate these in terms of home and agency safety practices.
	a. lock wheels before moving patient b. transfer using body mechanics	<ol> <li>As an independent project, a student or small group might investigate "accident-proneness."</li> </ol>



SUGGESTED EVALUATION

SUGGESTED EVALUATION		Essay: examine case study and note examples of the inter-relatedness of physical, emotional, social, mental and spiritual behavior. For example, physical illness may cause a person to act unkind.
LEARNING OPPORTUNITIES	<ol> <li>Invite a representative of a fire equipment firm to speak to the class. The speaker may demonstrate to the class the use of fire extinguishers, blankets and alarm boxes. The local fire department is usually willing to send a representative, also.</li> <li>Invite the school counselor or other resource person to speak to the class on good mental health for high school students.</li> <li>Girls read (outside of class) about the relation of psychological disturbances to physical illness and report to the class in a symposium.</li> <li>Another group of students could prepare magazine illustrations or real articles to display games and entertainments for sick people of various ages. Why are some materials not appropriate for all age groups?</li> </ol>	
CONTENT	c. fasten straps or belts d. push slowly e. adequate number of persons to assist  B. Fire safety.  1. Fire prevention requires caution with: a. flammable liquids b. smoking c. housekeeping tasks and storage 2. Fire emergencies require aides to utilize: a. exits b. alarms c. extinguishers d. fire drills	<ul> <li>III. Psychological safety.</li> <li>A. Important in dealing with the patient as a whole person:</li> <li>1. Emotions</li> <li>2. Social needs</li> <li>3. Spiritual beliefs</li> <li>4. Intellect</li> <li>5. As well as the physical body</li> <li>B. Provided by many aspects of physical safety:</li> <li>1. call bells</li> <li>2. furriture arrangement</li> <li>3. lighting</li> <li>4. unused equipment</li> <li>5. dry, uncluttered floors</li> </ul>
CONCEPTS	Safety cont'd.	

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CONCEPTS	CONTENT		LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Communica- tion	I. Need for Communication A. Definitions:  1. Communication 2. Behavior 3. Sensations	<del>-</del> i	Teacher presentation: lecture about safety stressing types of communication, techniques for using them and results of successful communication. Use the felt board to illustrate the types of communication.	Essay: Students list four forms of communication and state the meaning and importance of each.
•	4. Vocabulary 5. Empathy 6. Sympathy B. Types of communica-	જાં	In round-robin style play the game of "GOSSIP." Students should note that the words and meaning of the phrase changes as it is repeated from person to person.	
	Verb a.	က်	Buzz in discussion 66 groups then as one class group to draw up a list of guides for verbal communication. For example: be patient, avoid criticism, etc.	Hopefully, students will practice these guides to communication.
	through:  1. content and vo- cabulary	4.	Role-play with a sentence to show how the meaning varies according to which words are stressed. For example: MARY had a little lamb. Mary HAD a little lamb.	
	2. tone of voice b. written	<u>က</u> ်	Borrow the Tele-Trainer from the telephone company. As the girls practice with it, they have a chance to hear their own voices and to gain	Students are able to evaluate their own performance.
			experience similar to that used for answering the intercom. Remind them to note the tone of voice and the words of the message.	
	2. procedure manuals 3. news-letters	<u>.</u>	Show the film that goes with the Tele-Trainer; remind the class to apply the information given in it as they practice in 5 above.	
	4. bulletin boards, posters, etc.	7.	Students dramatize in skits talking to patients in various age groups:  a. young children of varying ages	
			b. patients their own age	
		_	c. geriatric patients	

SUGGESTED EVALUATION							<b></b>	•				
LEARNING OPPORTUNITIES	8. Review appropriate .nake-up and hair styles from unit III. Teacher or student demonstrates washing and ironing a uniform so it looks neat and crisp.	9. Assignment: write out one extra thing you could do to show the patient that you care about him. For example: change the water in a vase of flowers. Post the suggestions on the bulletin board.	<ol> <li>Role-playing: illustrate the impression given by gum chewing and cracking. How does this affect your first impression of a person?</li> </ol>	11. Students bring their lunch trays to class and practice feeding one another. "Aides" should talk to their "patients" and try to establish	rapport. Remember the principles of medical asepsis!	12. Film: The Eye of the Beholder. Observe and discuss.	13. Use a tape recorder to allow students the opportunity to hear their own voices.	14. Production 5118: Film from W.S.U. for \$5.00 rental fee.				
CONTENT	2. Non-verbal communication may indicate emotions and thoughts through:	a. Appearance 1. posture 2. facial expression 3. gestures		k. Giggling h. Giggling C. Results of successful communication:	1. Stress is reduced	2. Satisfaction is provided for aide and patient	3. Patient can help with his own care	4. Aide understands the patient and is understood by him.	<ol> <li>Techniques for effective communication.</li> </ol>	A. Express a non-judge- mental attitude.	B. Establish rapport:	1. Use vocabulary suited to the situation
CONCEPTS	Communica- tion tion											



SUGGESTED EVALUATION	
LEARNING OPPORTUNITIES	15. Have the students put on a simple skit which involves facial expression, hand and eye action, several kinds of movement, etc. The balance then report what they have seen and heard objectively. This can also be done with role-playing if roles are defined well.
CONTENT	2. Report as objectively ively as possible, not subjectively.  3. Be courteous and interested:  a. follow through in answering patients requests  b. talk to the patient at you work with him
CONCEPTS	Communica- tion cont'd.





## UNIT V - ADMISSION AND DISCHARGE

(Recommended time period: 2 weeks)

#### Major Objective:

The student is able to describe the scope, function, and need for departmental interaction in admitting, transfer, and discharge procedures.

#### Specific Objectives:

Define the terms admission and discharge and related terms.

List the various reactions of a newly admitted patient.

Can take accurate information needed in admitting procedure.

Lists the routine procedures required of all patients admitted to a health agency and knows the reasons why.

Employs the principles of good body mechanics when supporting or transferring a patient from chair to wheelchair — bed to wheelchair - bed to cart.

Correctly equip and prepare unit for admitting or departing patient.

Demonstrate and itemize procedures involved in transferring a patient.

Is able to fill out clothing and valuables check sheet and follow procedures for reclaiming items by discharged patient.

Demonstrates ability to write brief anecdotal comments regarding admitted, transferred, or departing patient.

Is able to perform all tasks in a poised and gracious manner which gives supportive help to self and others.

CONCEPTS		CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Hospitalized	<b>"</b> i	Admission	Discuss definition "from time patient en-	
		A. Definition	vers mospital until ne is settled in room.	
		B. Reasons for hospitalizing	Discuss the factors that contribute to a	
		1. emergency (accident) 2. voluntary - on physician's advice 3. legally committed	staff.  Discuss how reduced stress and worry can promote healing.	
•		C. First impressions		
		1. admitting room organization 2. confidence displayed by personnel 3. positive impressions are lasting	in the hospital for the first time. Flave in the magnetic that the discuss how they felt, emotionally and physically. What were their reactions? Make a list, as a class, of the things that were considered to be important.	
Patient Behavior		D. Possible reactions and motives of admitting patients		
		1. illness a threat to well being		
		a. pain b. discomfort 2. financial status		
		a. occupation — loss of job b. worry over cost c. no insurance		
		3. anxiety — fear of the unknown		
		a. educational and cultural infilations b. age c. family relationships		

Subsected every	SOCIES ED EVALUATION				Use tape recorder to evaluate introductions.		Evaluate knowledge of term "empathy" defined in Unit 3, B.	Pair off the class. Have each student play role of patient and interviewer in admissions. Each student, then teacher, check for accuracy.
LEARNING OPPORTUNITIES		Discuss advantages of planning when possible — Hospital can have tests ordered, etc. Less time spent on admitting reduces fatigue.	Discuss variations in agency policy as to job classifications and responsibilities.	Hiring in for specific job of admission clerk. Moving from patient care program of Nursing Aide to clerical job.	<ul> <li>Instruction and class practice introducing self and others. Role playing.</li> </ul>	<ul> <li>b. Draw from class first hand ex- periences of what it feels like in new and unknown situations.</li> </ul>	c. Have class read and fill out sample form for admitting to become familiar with information necessary for hospital records. Discuss why this information is important.	Students interested in this type of job may act as clerk and fill out the forms for the patient, simulating an admissions office environment, (see sample forms in Appendix ).  Display and show use and reason for address-o-graph.
CONTENT	<ul><li>4. previous hospital experiences</li><li>5. behavior may change from usual pattern</li></ul>	<ul> <li>E. Pre-admission procedure</li> <li>1. physician calls admitting department</li> <li>2. patient is notified as to time and date of admission</li> <li>3. patient arrives and completes admission forms</li> </ul>	F. Admitting personnel  1. admitting clerk		_	d. obtains pertinent data	1. information confidential 2. religion 3. diet 4. medical history	cations now taking 6. insurance papers 7. prepares face sheet 8. address-o-graph
CONCEPTS	Patient Behavior cont'd.		Personnel Responsibili- ties					

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SUGGESTED EVALUATION		Review the importance of good body mechanics. Rate demonstrations.
LEARNING OPPORTUNITIES	Discuss some of the tests which may be ordered by admitting office or head nurse:  1. Complete blood count 2. Serology 3. Urinalysis 4. Chest X-ray  Try to make arrangements for the Red Cross X-Ray Unit to visit the school or go where a unit is located. Have technician explain procedure and the unit's role in good health.  Discuss ambassadors of good will in foreign countries to show the importance of gracious reception. Stress the importance of gracious reception. Stress the importance	In Do
CONTENT .	9. orders routine lab tests 10. notifies patient health team leader patient has arrived 11. ambassador for the hospital	a. greets and introduces self b. escorts to room (generally in wheel hair); cache hair); cache hair); cache hair); cache hair); cache room mate (if not private room) d. informs patient of hospital policy (T.V., etc.) Hospital handbook e. clothes and valuables check sheet signed 1. in safe 2. given to relatives f. reports to team leader he is leaving patient
CONCEPTS	Personnel Responsibili- ties cont'd.	

SUGGESTED EVALUATION	Set up unit incorrectly with deliberate errors. Have students list the errors they		ight its							
LEARNING OPPORTUNITIES	Review basic equipment and arrange for admitting patient.	Point out variation in hospital policy. This may be done by admission aide.	Think through situation as to what might you do if you suspect lice on patients clothing (discuss procedure).	Have students fill out sample clothing and valuables sheet.						
CONTENT	3. Nurses aide at patient's unit	a. prepares and/or checks the unit (check special	b. opens bed, pro- vides gown c. greets patient and introduces self d. asks friends and	relatives to wait in lounge e. shows patient	f. introduce to roommate (if	g. screen unit h. instruct patient to wear gown and get into bed	1. assist if needed 2. check for drafts 3. allow time and privacy	i. list clothing on clothing sheet and valuables sheet	1. hand in room locker or hospital locker 2. inform pa-	tient of cation robe, en have per sign val
CONCEPTS	Personnel Responsibili- ties cont'd			-	<del>-</del>				•	

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SUGGESTED EVALUATION		Class develop a rating scale to evaluate.					
LEARNING OPPORTUNITIES		Demonstration and class practice helping patient into bed.		Discuss the advantages and disadvantages of signal light and intercom systems.		Have students role play the explanations they might give to patients as the reasons for taking these required tests.  Explain to patient the use of container	and stress medical asepsis. Have students look up the word "prothe- ses" before class and be able to explain.
CONTENT .	j. show patient lo- cation of bath- room  1. his towels and other articles 2. where he can put his toilet arti-	3. denture cup bedside table drawer k. assist patient into bed	1. footstool 2. lowers bed to lower level 3. adjusts the covers	l. explain and de- monstrate how the bed works and signal light or intercom	m. check patient's identification bracelet to see that it's secure	n. routine admit- ting list: 1. urine spe-	2. T.P.R. 3. dentures 4. any other protheses
CONCEPTS	Personnel Responsibili- ties cont'd.		,				

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VITIES SUGGESTED EVALUATION	corms for routine admit- s jotting down "commay be transferred. may be transferred.	what she does	r high points or of room in ients may rred. Role portance of
LEARNING OPPORTUNITIES	Discuss and show forms for routine admitting list. Practice jotting down "comments" as 'apparent,' 'appears to be no abnormalities.'  Review types and kinds of diets: liquid, reducing, low sodium, bland, etc.  Explain what may result if diet is not adhered to.  Discuss the importance of understanding the needs of a diabetic patient.	Discuss the procedure of giving the admitting list to ward clerk and what she does with it.	Film: "Hospital Sepsis"  If previously shown, review high points of film.  Review procedures for isolation of patients.  Practice going in and out of a room in isolation.  Discuss possible reactions patients may have towards being transferred. Role play situations stressing importance of
CONTENT	5. recent medical history and special medications 6. mode of arrival (wheelchair, stretcher) 7. abnormalities (scars, skin, lesions, sores, rashes, behavioral strangeness) 8. religion 9. diet problems and dislikes	o. unscreen and make patient comfortable  1. help with selection of menu (aware of doctor's orders)  2. offer drinking water (if allowed)	<ul> <li>A. Reasons</li> <li>1. Ordered by physician tions</li> <li>3. Privacy for a critically ill patient</li> <li>4. Isolation</li> <li>5. Treatment room or testing department</li> <li>6. Lounge, sunporch</li> </ul>
CONCEPTS	Personnel Responsibili- ties cont'd.		Patient Transfer

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	CONCEPTS	Patient Transfer cont'd.		
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SUGGESTED EVALUATION		Rate return demonstration.	Return demonstration.
LEARNING OPPORTUNITIES	Discuss and show form used by ward clerk to execute transfer of patient.	Demonstrate - practice and return demonstration helping the unsteady patient to the wheelchair. Discuss getting assistance when moving to cart.	Practice recording procedure for transfer patient.
CONTENT .	<ol> <li>B. Procedure</li> <li>check doctor's orders with ward clerk or team leader. explain to patient reason for transfer.</li> <li>Have ward clerk notify the unit to which patient is going.</li> <li>Collect all belongings, medicines, charts.</li> <li>Introduce patient to nurse at receiving unit.</li> <li>Give charts, medicines to team leader on receiving unit and any information that will help her with the patient.</li> <li>Return to former unit, clean and prepare for use. Ward clerk informs house.</li> </ol>	<ul> <li>C. Technique to observe</li> <li>1. Proper body mechanics in moving and giving support to patient.</li> <li>2. Direction of wheelchair and car</li> <li>a. in elevator</li> <li>b. in halls</li> <li>3. Safety</li> </ul>	a. pathway b. restraints c. speed D. Transfer recording 1. Record time and date 2. Mode of transfer 3. Name of receiving unit 4. Room and bed number to which the patient is being transferred. (Ward clerk notifies admissions office.)

LEARNING OPPORTUNITIES				Discuss how most patients will be elated	to go home. Foint out responsibilities of not letting patient become over-	exhausted.			Discuss ethics of taking tips or gifts from patients.	Again, discuss how some of these responsibilities may be done by admissions	office.									
CONTENT	A. Types	1. Regular	2. Against medical advice	B. Patient's condition	1. Emotional	2. Physical	C. Responsibilities in preparing for departure:	1. Collect the personal possessions	a. clothing, medications- check with head nurse, toilet articles, flowers,	2. Check clothing list and valuables from safe — have	patient sign release form 3. Assist with packing of be-	longings if needed 4. Observe dressings, if any,	and report to head nurse	5. Assist the patient in dress-	6. In talking with patient see	nurses instructions for	treatment and taking medicine	7. Give support if needed for getting patient into wheel-	chair 8. Check with head nurse to	a. doctor's orders b. medication and pre- scriptions
CONCEPTS	Patient	Discnarge					,									-				



SUGGESTED EVALUATION

SUGGESTED EVALUATION	Written evaluation of unit.
LEARNING OPPORTUNITIES	
CONTENT	9. Assist patient with luggage or may inform ward clerk to call for orderly 10. Take patient to office, exit or ambulance D. Recording dismissal 1. Time and mode of dismissal 2. Comment on general condition of patient E. After dismissal 1. Check again for personal belongings of patient 2. Clean the unit and leave it ready for use it ready for u
CONCEPTS	Patient Discharge cont'd.



## UNIT VI - PREPARING THE ENVIRONMENT

(Recommended time period: 3 weeks)

#### Major Objective:

Demonstrate an ability to prepare the environment of the new patient efficiently using correct hody mechanics and principles of medical asepsis.

#### Specific Objectives:

Demonstrate knowledge of the basic principles of disinfection and sterilization and recognizes the process to use.

Use proper hand-washing technique in and aseptic procedures in preparing the unit.

List the staps involved in preparing a hospital unit for a new patient.

Demonstrate the correct placement of all equipment in a hospital unit and explain the procedure.

Describe how to arrange linen in order of use and list linen needed to make a bed.

Demonstrate procedure in making an unoccupied bed.

List the steps in making an occupied bed.

Demonstrate the correct procedure for making an occupied bed.



SUGGESTED EVALUATION	Keview learnings from unit on medical asepsis with a written pre-test and a practical demonstration of handwashing procedures.	Play a game such as Keyword where students demonstrate both knowledge of health words and ability to spell them.  Students construct (or teacher) a crossword puzzle using health words particularly.		•	Randomly distribute general room layouts and students explain why locations have been chosen for various pieces of equipment.
LEARNING OPPORTUNITIES	Discuss the importance of using disinfection and sterilization:  a. in the hospital  b. at home  Learn new words related to the unit; spelling and definition:	antiseptic germicides sutoclave micro-organism bacteria pathogen carrier sterilization contaminated surgical disinfectant asepsis	Discuss the difference between clean and dirty areas in a health facility.  Name four types of staph infections and where they can be found.	Show the film "Helping Hands for Julia" from the Nursing Association.	Using construction paper and cut-outs and graph paper, show general layout of various rooms.
CONTENT	<ul> <li>I. Definition: antiseptsis</li> <li>II. Using chemical agents.</li> <li>III. Purpose</li> <li>A. Kill pathogens but not those with spores.</li> <li>B. Keep pathogens from spreading</li> </ul>	IV. Review content in Unit IV.  I. Definition II. Autoclaves III. Purpose	<ul> <li>A. Complete destruction of all organisms</li> <li>B. Protection of the patient to the highest degree possible</li> <li>IV. Staph Infection</li> </ul>		I. Types A. Private B. Semi-private C. Ward (meny sizes) D. Suite
CONCEPTS	Disinfection	Sterilization			Patient Unit

SUGGESTED EVALUATION		-																					Each student prepare a bedside unit for a	new panent using a prepared checklist.
LEARNING OPPORTUNITIES	Use overhead transparencies.	The orienteed projector	ost overnega projector.	Use equipment in the classroom.	Donot de la company de la comp	classroom equipment.		Each student practice and demonstrate	each part ution and uoes to what ease.	Demonstrate use of overbed table and	rollow the same student procedure.	Explain the reasons for each piece of	equipment located in the unit.	Discuss characteristics of equipment and	reasons, e.g., smootn surface, easy to clean and simplicity of line.						Explain the use for each piece of patient	care articles.	Demonstrate an orderly procedure for	artanging the peastre capinet.
CONTENT	II. Furniture and equipment	A. Bed	1. Standard hospital bed	2. Motorized bed	3. Bed rails		a. Stryker Rever-	b. Circ-O-Lectric	B. Bedside cabinet	C. Overbed table	D. Straight chair	E. Arm chair	F. Screens and curtains	G. Footstool	H. Waste container	I. Dresser and/or closet (storage area)	III. Inter-com System	A. Patient's equipment	B. Institution's equipment	C. Emergency provisions	IV. Patient Care Articles	A. Wash-basins	B. Emesis basin	C. Mouthwash cup
CONCEPTS	Patient Unit				_																			_

LEARNING OPPORTUNITIES							See the film "Hospital Sepsis - A Com-	Also, the film "The Patients Unit and Making the Unoccupied Bed"	Discuss the aide's role in maintaining aseptic conditions as she prepares a unit.	Demonstrate the steps in preparing the patients unit using aseptic procedure.	Practice labeling personal belongings.					Practice damp dusting classroom equipment.
CONTENT	D. Soap dish	2. Water Pitcher	R. Bed pan and/or urinal	G. Tissue box	H. Drinking glass	. Denture cup, if needed	Preparing the Unoccupied Unit   See th	A. Remove all linen and place in appropriate container. Never on the floor.	Any linen or equipment Di from isolation unit placed in specially labeled bags.	All equipment to utility room to be sterilized.	Personal belongings labeled and taken to nurse's station.	Left over paper materials disposed of according to institution practice.	Check drapes, chair covers, etc. and change if necessary.	Floor cleaned with treated mop and scrubbed.	I. Room dusted	Pillow covers and mattress washed or damp dusted.
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SUGGESTED EVALUATION							•	Using a check-sheet, students evaluate each other, working in pairs.		After viewing tape or other video niaterial, evaluate teacher's demonstration on making an unoccupied bed.							Make a bed from beginning to completion, successfully.	
LEARNING OPPORTUNITIES	•	Secure a patient's personal care pack from a hospital and explain reasons for including various articles.						Review correct hand-washing procedure.	See Video Tape, Lesson III — Making an Unoccupied Bed (DENT).	Teacher demonstrate correct bed-making technique, making several errors in procedures.			Practice:	<ul> <li>a. putting a pillowcase on correctly</li> <li>b. arranging linen in order and plac-</li> </ul>	ing for use c. folding uced linen spreading a minimum of bacteria, etc.		f. making a bed with two basic	approaches
CONTENT	K. Bedside table washed with germicide solution, rinsed and dried.	L. New set of patient care articles secured and bed linens.	M. Bed is made.	N. Equipment stored,	O. Cleaning equipment returned and disposed of according to institution procedure.	VI. Making a Bed	A. The unoccupied bed.	1. wash hands 2. collect linen			4. making a bed 5. types	a, open b, closed	B. Characteristics of a well- made bed.	1. clean		•	C. Alternative methods.	1. contour sheets
CONCEPTS	Patient Unit cont'd.																	_

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SUGGESTED EVALUATION			Practice and make up an occupied bed successfully, i.e., achieving acceptable standards of a liealth agency.	Practice making an occupied bed until acceptable standards are achieved.
LEARNING OPPORTUNITIES	See Video Tape, lesson V — Making an	Occupied Bed (DENT) or other appropriate visual.  Have the students make a list of procedures to follow in caring for an occupied unit.  Identify the factors to consider when you are working "around" the patient.  Identify principles which relate to making an occupied bed using any good text or transparencies.	Demonstrate procedure of making an occupied bed followed by student practice.  Review principles of good body mechanics.	A - 47
CONTENT	2. Rubber and cotton drawsheet 3. Horizontal toe pleat 4. Square corner 5. Disposable linen D. The surgical bed.	<ul> <li>A. Care usually given in A.M. may be more often.</li> <li>B. Determined by patient's condition.</li> <li>1. post-operative 2. incontinent patient 3. dying patient care (may be partially done by housekeen.</li> </ul>	ing staff).  1. damp-dust all equipment 2. special care given to bedside table 3. thorough cleaning of bedpan and urinal replace linens 5. personal belongings stored neatly. 6. discard old papers and magazines with	7. provide clean waste container 8. refill any needed supplies, e.g. tissues, lotion, etc. 9. making the bed a. bed — flat if allowed b. lock wheels c. explain process to patient d. follow procedure appropriate for particular patient
CONCEPTS	Patient Unit cont'd.			

### UNIT VII - PATIENT CARE

### (Recommended time period: 3 weeks)

#### Major Objectives:

Demonstrate through actions during the unit (and course) a working knowledge of the dynamics of giving patient care according to patient needs.

Is able to provide proper care for the patient with ease and elficiency.

#### Specific Objectives:

Explain how patient needs determine patient care.

Is able to place, remove, and store the bedpan correctly.

Is able to wash patient's face and hands correctly.

List the problems involved in neglecting care of the hair.

Is able to care for patient's hair.

Lists the steps in caring for teeth and mouth, including dentures.

Is able to provide adequate care for patient's teeth, gunns, tongue, and mouth.

Give reasons for the ambulation of a patient.

Is able to assist a patient needing help to ambulate.

Becomes more adept at being able to transfer the patient.

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CONCEPTS	CONTENT	7
Patient Care	I. Personal care of patient	Assign
	A. Role of aide in care process	Interv
	1. make patient as com-	nav
	fortable as possible 2. make patient as clean	io
	and neat as possible 3. perform tasks offi-	က်
	4. teach patient the mechanics of self-help	Class
	B. General daily routine	<b>≓</b> ⊗i
	1. morning care	
	a. provide for hv-	က်
	genic needs b. evaluate patient's	Class a
		,
	c. report any unu-	-i
	d. adjust immediate	
	2. regular day care	<b>6</b> 7
	b. provide bath or	
	sponge patn c. prepare unit and	
	patient for	
	d. establish routine	

SUGGESTED EVALUATION				Roleplay:	1. Typical nurse - patient situations:	<ul> <li>a. Patient is thirsby - wants water - doctor orders no water</li> </ul>	<ul><li>b. Patient wants to go to the bath- room - does not want to use bed pan.</li></ul>	c. Doctor has not been in.	<ul> <li>d. Patient doesn't like the way food is prepared.</li> </ul>	e. Patient says she is on wrong diet.	f. Ambulatory patient refuses to get up.	g. depressed patient.
LEARNING OPPORTUNITIES	Assign: Interview friends and/or relatives, etc. who	nave been a patient in a hospital:  1. What did they like best? 2. What do they dislike? 3. What do they think should have been done? Class discussion:	<ol> <li>Previous assignment</li> <li>What do you think are the most important functions of a nurses aide in caring for a patient?</li> <li>Why are these functions important?</li> </ol>	Class assignment:	1. List the things you do when you get up in the morning before be-	ginning daily activities.	4. Discuss assignment relating it to the patient.					
CONTENT	I. Personal care of patient A. Role of aide in care process	1. make patient as comfortable as possible 2. make patient as clean and neat as possible 3. perform tasks efficiently and correctly teach patient the mechanics of solf boly.	l ds	genic needs b. evaluate patient's		d. adjust immediate environment	2. regular day care a. observe and report symptoms	and condition b. provide bath or	sponge bath c. prepare unit and	visitors d. establish routine	for giving bedpare.  e. provide for hand-washing as neces-	sary f. answer patient's call as needed, provide fresh water, etc.
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SUGGESTED EVALUATION	Discuss:  1. Role of nurse in previous roleplay situations.	Class Discussion:  1. What things might you know about your patient from observation?  2. Why couldn't you observe and use	your own juagement in aesermining care you would provide?		Check orally to see if students know related terms.
LEARNING OPPORTUNITIES	Discuss:  1. How night care differs for individual patients in relation to:	<ul><li>a. age</li><li>b. sex</li><li>c. degree of illness</li><li>d. kind of illness</li></ul>	e. amount or physical mobility patient has f. culture - religious Using Chalkboard:	<ol> <li>Explain and discuss "General routine for patient care"</li> <li>Point out routine may vary depending on the agency</li> <li>Class Discussion:         <ol> <li>How would you know if your patient needed a specific kind of care?</li> </ol> </li> <li>Explain:         <ol> <li>Plans for patient care.</li> </ol> </li> </ol>	Assign: Definition of related terms: fecal matter, stool, defecate, feces, void, passing water, urinate, constipa- tion, cathartic, enema, incontinent, peristalsis, B.M., diarrhea.
CONTENT	3. Evening care a. provide restful atmosphere	c ty ed k for g pl	a. morning and evening report b. patient's chart c. Kardex d. check with nurse or doctor	2. degree of assistance determined by stage of illness  a. unconscious - patient completely dependent b. acutely ill and post-operative - must be assisted c. bed patient - some assistance required d. ambulatory - should do as much as possible for self	<ul> <li>II. Elimination - basic need of all living organisms.</li> <li>A. Human body excretes waste products.</li> <li>1. kidneys, bladder, urethra - urine</li> </ul>
CONCEPTS	Patient Care cont'd.				Elimination

SUGGESTED EVALUATION	Ascertain how much students remember from biology (if they have had it) about the organs and processes of elimination of urine and feces.	Class reports.  Class Discussion:  1. Why is it important to provide privacy for patient?  2. Why is head of bed raised when patient is on bedpan?  3. When would you offer bedpan?  4. Why clean bedpan with cold water first?
LEARNING OPPORTUNITIES	Class discussion:  1. How do you feel hefore and after you use the to let on arising every morning?  Explain:  1. Some patients in the hospital must rely on the aides to perform this function.  Class Discussion:  1. Why is it important to take care of the patient's needs first thing in the morning?  Explain:  1. Using charts and transparencies describe organs used in excretion of urine and feces  2. How food becomes waste material  3. Principle and process of elimination	Assign:  1. Student research projects on: a. Elimination in the human body.  Film: (Elimination)  Class Discussion: 1. What is constipation? 2. How can it be prevented? 3. How can it be relieved? 4. What is purpose of laxatives?
CONTENT	2. large intestines, rectum, anus - feces 3. skin eliminates waste products also - urea, etc.  B. Factors related to proper elimination.  1. well balanced diet 2. adequate fluid intake 3. sufficient exercise 4. freedom from worry and anxiety 5. establishment of regular time or habit	C. Constipation - infrequent or difficult evacuation of fecal material.  1. Cathartics  a. medicines which purge  b. use only as ordered  2. Enemas  a. cleansing enema-cleanses large intestine
CONCEPTS	Elimination cont'd.	

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CONCEPTS Elimination cont'd.	CONTENT b. cax	Carminative enema - relieves gas	ain		SUGGESTED EVALUATION
-, .	<b>ೆ ರೆ</b>	nutritine enema - supplies nutrients that cannot be taken by mouth medication ene- ma - provides se- dation and stim-	tics: use only as ordered 2. Point out various therapeutic uses of enemas 3. Stress dangers of being given by unqualified personnel		
	ข้ 👊	ulation emollient and oil enemas - soothe and protect irri- tated intestinal mucosa antiseptic ene-	1. Principles and technique (2) used in offering and placing the bedraan observing and reporting if required.  2. How to remove, carry, observe contents of, clean and store bed-		Student Demonstration:  1. Offering, placing, removing, carrying, cleaning and storing bedpan.  Student evaluation to be used after each demonstration:
	bå	lessens the activity of germs and bacteria anthelmintic enema - kills or causes the expulsion of worms	9. How to clean helpless patient. Stress clean from front to back. 4. Stress medical asepsis and body mechanics. Class discussion:		Was all equipment there? Was equipment in order of use? Was it safe for the patient? Did I use good body mechanics?
•			<ol> <li>Attitudes infant begins to develop about himself from the way his mother changes his diaper — toilet training.</li> <li>Attitudes aides transmit to patient when placing and removing the bedpan.</li> <li>When caring for an inconti-</li> </ol>	ος τ <u></u>	Did I instruct the patient?
Incontinent D. D.		Incontinent Patient — can- not centrol elimination of urine or feces.	nent patient. Explain: 1. Special needs of the incontinent		Patient evaluation: 1. Was care appropriate?
	<ol> <li>provide ir pads or cl</li> <li>change wl necessary</li> <li>clean pati soiled are</li> </ol>	provide incontinent pads or chux change whenever necessary clean patient and soiled area as needed	2. Some causes of incontinency. 3. Problems resulting from improper care (physical and emotional). a. odor b. discomfort, b. resentment c. chafing c. antagonism d. decubitus d. withdrawal	න් භ් 	Was procedure comfortable Was sufficient respect given to patient needs? (emotional and physical)

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SUGGESTED EVALUATION		Review: Functions of aide in preparation of equipment.	
LEARNING OFPORTUNITIES		Summarize:  1. Functions and duties of the aide related to giving the bedpan.  Domonstrate:  Coagulation of egg white in hot water.	1. Why is daily personal hygiene so important? a. cleanliness b. comfort c. appearance d. health
CONTENT	4. protect bedding 5. treat patient as an adult - not infant 6. your attitudes are re- flected and perceived by the patient E. Functions and duties of aide:	1. wash hands before entering patient's unit assemble and prepare equipment 3. prepare patient and provide privacy 4. assist patient unable to help himself inquire about defecation of previous day maintain professional attitude 7. remove equipment, clean and put in proper place; wash hands observe and report any abnormalities 8. observe and report any abnormalities 11. Daily personal body cleanliness. A. Preparation and procedures 2. put equipment in order of use 2. put equipment within easy reach of patient	for patient if necessary  4. instruct patient and solicit his cooperation if possible  5. report any unusual observations to nurse
CONCEPTS	Incontinent Patient cont'd.	Personal Care	

	SUGGESTED EVALUATION					Student demonstration:	1. Brushing teeth and cleaning mouth of:	a. nelpless patient b. unconscious patient c. patient with dentures	Student self-evaluation. Student patient evaluation.					Student evaluation of film(s).
the states of th	LEARNING OPPORTUNITIES		Using various kinds and sizes of tooth-	vantages. Class discussion:	<ol> <li>What are the advantages of electric toothbrushes? Disadvantages?</li> <li>What are the advantages of battery operated toothbrushes? Disadvantages?</li> </ol>	Demonstrate:	1. Using dentures demonstrate proper procedure for brushing teeth.	2. Using students demonstrate proper procedure for cleaning teeth and mouth of:	<ul> <li>a. helpless patient</li> <li>b. unconscious patient</li> <li>c. patient with dentures</li> </ul>	Class discussion:	1. Would you provide special mouth care for a febrile patient?	<ul><li>2. How of sen should the teeth of a febrile patient be brushed?</li><li>3. Why?</li></ul>	Film:	<ol> <li>"Oral Hygiene — Toothbrush Technique"</li> <li>"Gateway to Health"</li> </ol>
and a contained and the desired free with the factor of th	CONTENT	d. prevent halitosis caused by poor hygiene e. comfort	3. Kinds of toothbrushes		removes debris and plaque better c. battery operated requires no electricity	4. Use of safe and effective dentifrice	a. commercial tooth paste or powder	usł	a. morning, night, if possible after every meal b. brush in direction of growth c. rinse mouth	equipment	6. Mouth care for febrile patients	a. clean every 4 hours as neces-	nouth ever milk	c. provide plenty of fluids as directed
ERIC And tool reconstructive enc.	CONCEPTS	Oral Care cont'd.						•						

SUGGESTED EVALUATION	Olass reports.
LEARNING OPPORTUNITIES	Assign:  1. Student research project on: a. growth, function and care of teeth b. dentures c. history of dental science
CONTENT	d. use a mouth cleanser pleasant to taste  7. Mouth care for unconscious patient:  a. open mouth with tongers depressor—never use fingers on applicators on sponges clean teeth, tongue and roof of mouth d. do not let patient swallow solution. Or choke—have head to side; prevents aspiration.  e. lubricate lips, tongue and inside of mouth water soluble jelly discard used applicators, clean and store equipment properly.  8. Care of dentures  1. always use denture conduct of the conduct
CONCEPTS	Oral Care cont'd.

CONCERIO	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Hair Care	E. Care of patient's hair	Assign:	Check orally:
_	1. Problems which may	Define:	1. Definition of terms.
	a. dry hair and scalp	dandruff, nits, lice, tetter, alopecia, ringworm, pediculosis	
	1. oiling may	Class discussion:	Check List:
	oil, castor oil, mineral		Facts and fallacies of hair problems and advertised "cures."
	oil) 2. special sham-		
		3. How does illness, especially prolonged illness, affect the condition	
	b. baldness or alopecia	of the hair? 4. What are some physical and emo-	
	1. probably	tional conc hair proble	
	hereditary 2. rare in wo-	<ul><li>5. preventive - therapeutic treatment</li></ul>	
	men, com- mon in men		
	c. dandruff - flaking scalp		
	1. may be due		
	to excessive scaling of		
	2. cause may		
	of scalp 3. brush and		
-		Using charts explain:	
	4. consult phy-		
	heavy, per-	2. What would be evidence of lice	
	ritates scalp	3. How lice are spread	
	d. pediculosis - infection with lice	5. How to prevent spread	

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SUGGESTED EVALUATION	
LEARNING OPPORTUNITIES	Other skin and scalp diseases:  6. What is tetter?  7. What is ringworm?  8. What should you do about them?  9. Stress medical asepsis when caring for hair and skin.  Class discussion:  1. How can the aide prevent the hair from becoming tangled if long?  2. What should aide do if hair is too tangled to comb?  3. How often should hair be combed?  4. What is a dry shampoo?  5. When would you give one?  Class discussion:  1. Why do we comb the hair?  2. What does brushing do for the hair and scalp?
CONTENT	1. pediculus humanus, var, corporis – infests body 2. pediculus humanus, var. corporis - infests body 3. phthirus pubis - infects shorter hairs on body 4. ragious caused by fungus susually found on children rather than adults 5. caused by fungus susually found on children rather than adults 6. possible effects of illness on hair 1. excessive loss of hair susuals decreased rate of growth 6. becomes tangled or matted
CONCEPTS	Hair Care cont'd.

SUGGESTED EVALUATION												
LEARNING OPPORTUNITIES										·		
CONTENT	g. body conditions which cause hair problems	1. endocrine abnomalities	2. increased body temp-	4. anxiety and worry 5. poor hyg-	7. some medi- cation	h. purpose of hair combing and brushing	1. stimulate scalp cir-	2. conditions the hair	3. distributes oil through-	4. neips re- lieve prob-	dandruff	scalp for disorders
CONCEPTS	Hair Care cont'd.		-				•					

and de la	SUGGESTED EVALUATION	Class discussion:  1. When would you give dry vs. wet shampoo?  Student demonstration:  1. Washing and arranging patient's hair.
redythaten er er dagled fra folksk fyllsk fyllsk at Karely och och och gody, byllstell filmsk	LEARNING OPPORTUNITIES	Demonstrate and explain:  1. Preparation and procedure for washing and arranging the patient's hair. Use student if possible, or use wig.  2. Braiding and French braiding.
or or removed the response for the second of the second of the second of the second of the second took second of the	CONTENT	6. improves appearance and morale of patient i. washing the patient's hair 1. dry shampoo 2. physician or nurse determine mine procedure 3. doctor may determine medication 4. wash as often sance saary to keep clean 5. rinse and dry tho-roughly j. kinds of shampoo 1. liquid and cream — wash out better than bar soap detergents - more effective than bar soap in hot water 3. some especially made for dry hair removes all substances except natural oils.
ERIC Profited Provided by EIIC	CONCEPTS	Hair Care cont'd.

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SUGGESTED EVALUATION	Written exam:  1. Typical patient care situations— what would you do if you were the nurse's aide?	Have students practice shaving brother or father, etc. and report to class the results.
LEARNING OPPORTUNITIES		Class discussion:  1. Importance of shaving for the male patient.  Compare:  1. Advantages of safety razor vs. electric shaver.
CONTENT		F. Shaving the male patient.  1. at least every 24 hours 2. barber, orderly or nurse's aide 3. equipment to be used a. safety razor,
CONCEPTS	Hair Care cont'd.	



CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
Hair Care cont'd.	blade, shaving	2. Disadvantages of each	
	b. electric shaver	Demonstrate:	If possible - student demonstrate:
	4. after-shave lotion, powder	If possible, shaving the male patient (preparation and procedure).	1. Shaving the male patient.
	a. soothe the skin	T.V. (DENT)	
		View tape: Morning care or film	
		Have students practice:	
		<ol> <li>shaving a peace, or some similar object (balloon).</li> <li>shaving each other's legs (check the legal implications before doing this).</li> </ol>	
		Class discussion:	
		1. Would nurse's aide give permanent wave?	
		Assign:	
		1. Student research project on:	
		a. Structure and care of hair (Dyeing, Straightening, etc.) Hair sprays.	Class reports.
Ambulation and	IV. Transfer — moving patient from one place to another.		Review:
Transfer	A. Purpose of transfer — changing units		<ol> <li>Previous learning on transfer of patient.</li> </ol>
	1. provide more desirable accommodations		2. Students give steps in transfer of patient.
	2. provide privacy for critically ill		<ul><li>3. Roleplay:</li><li>a. transfer of patient</li><li>b. recording transfer</li></ul>

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SUGGESTED EVALUATION		Class discussion:	Set up hypothetical situations:	a. Patient weak from long confinement	b. Patient with one leg in cast.	c. Patient going to surgery	d. Elderly confused patient	Which mode of transfer would you		Class discussion:	1. Why do we need various transfer techniques?	Check orally:	Definition of terms	
LEARNING OPPORTUNITIES		Explain:	<ol> <li>Any areas that students have difficulty with in "review."</li> </ol>	Explain	1 Mothods of transfer	2. Preparation and procedure for transfer	· · · · · · · · · · · · · · · · · · ·	View T.V. tape or film:	"Transfer and ambulation" (DENT)		Assign:	Define:	hemiplegic paraplegic quadraplegic pivot ambulation intravenous	foley catheter
CONTENT	3. provide isolation in case of communicable disease 4. cooperate with other departments in the placement of patients 5. to provide special functions or care	B. Preparation for transfer	1. explain to patient why he is being	moved 2. arrange move at a convenient time	for patient 3. notify unit to		4. assure him his family and friends	will know where he	C. Procedure for transfer -		<ol> <li>collect personal belongings</li> <li>give personal ef-</li> </ol>	nurse to put away		5. give patient his robe and slippers 6. select most suitable mode of transfer for patient's condition
CONCEPTS	Ambulation and Transfer cont'd.					•								

SUGGESTED EVALUATION		Student demonstration:  1. Protecting patient getting in and moving in wheelchair.  2. Getting patient back to bed.  Student patient evaluation.
LEARNING OPPORTUNITIES		1. Protecting patient, getting in and moving in wheelchair. 2. Getting patient back to bed. 3. Stress body mechanics.
CONTENT	7. introduce patient to nurse on receiving unit  8. give all information and records to receiving head nurse  9. get patient's former unit ready for use  D. Transfer techniques—methods of moving patient from one place to another  1. bed to stretcher  a. protect patient's head b. push feet first, slowly  c. use moderate speed d. take immediately to	2. bed to wheelchair  a. pivot  1. patient  2. aide  swings  patient  b. hemiplegic  1. patient  paralyzed  on 1 side  2. patient  helps pi- vot self into chair
CONCEPTS	Ambulation and Transfer cont'd.	

SUGGESTED EVALUATION	
LEARNING OPPORTUNITIES	
CONTENT	3. aide supports affected side 4. position chair on unaffected side c. sliding board 1. smooth, strong board of adequate length 2. patient slides on board into wheel chair with removable features are advantageous 3. common for patients without assistance 3. common for patients paralyzed at lower half of body 4. takes time and practice for patient
CONCEPTS	Ambulation and Transfer cont'd.

SUGGESTED EVALUATION		Class discussion:  1. How can aide facilitate ambulation process?
LEARNING OPPORTUNITIES		Class discussion:  1. Why is it important for patient to ambulate?  2. What is the function of the aide in the ambulating process?  Explain:  1. The importance of progressive ambulation
CONTENT	E. Preparation of transfer equipment  1. make sure equipment is working properly  2. fock wheels and stabilize  3. adjust to level of bed or vice-versa  4. put in proper position  F. Procedure for transfer  1. instruct patient as needed  3. assist patient as needed  3. have enough help to carry out whole procedure safely  4. secure patient as necessary  5. protect patient from jarring and and drafts  6. take immediately to destination at moderate speed	<ul> <li>V. Ambulation — moving or walking about.</li> <li>A. Reasons for temporary transfer and ambulation</li> <li>1. provides exercise complications of inactivity</li> <li>3. prevents mental discouragements which accompany inactivity</li> <li>4. prompts independency</li> <li>5. provides change of scenery</li> </ul>
CONCEPTS	Ambulation and Transfer cont'd.	

	LEARNING OPPORTUNITIES						Explain: Principles and procedures for ambula-	tion.			Class discussion:	procedures similar to transfer principles and procedures?
	CONTENT	B. Stages of progressive ambulation  1. dangles feet over bed	3. moves into chair or wheelchair 4. walks unassisted	C. Patient's condition determines the amount and degree of assistance needed	1. weak and cannot ambulate alone 2. needs assistance — unsteady after long	4. paralysis of one or more extremities	D. Preparation for ambulation	<ol> <li>arrange equipment properly</li> <li>make sure you have</li> </ol>	all proper equipment 3. be sure all equipment is working	4. remove all hazards to patient's safety	E. Procedure for ambulat- ing	<ol> <li>tell patient what you are going to do expect him to do what you tell him</li> </ol>
SUC.	CONCEPTS	Ambulation and Transfer cont'd.										



SUGGESTED EVALUATION

SUGGESTED EVALUATION		Students perform same deinonstration. Students self-evaluate. Student patient evaluation.	
LEARNING OPPORTUNITIES		Explain:  1. Methods of ambulating. 2. Process for disconnecting Foley catheter 3. Stress caution — only if ordered to do so.  1. Preparation and procedure for ambulating with: a. cane b. crutches c. blind patient (use blindfold) d. Foley catheter (simulated situation if possible) e. intravenous infusion (simulated situation if possible) 2. Stress body mechanics.	
CONTENT	<ul> <li>3. instruct patient</li> <li>4. use previous learning on body mechanics</li> <li>5. support affected side</li> <li>6. move stronger or unaffected side</li> <li>first</li> </ul>	F. Methods of ambulating  1. Foley catheter  a. remove Foley bay from bed b. NEVER dis- connect tubing from catheter without per- mission  c. follow specific instructions to disconnect:  1. wash hands first 2. discon- nect with alcohol sponge 3. put each end in 4 x 4 sterile wipe  4. secure with elastic 5. reconnect and un- clamp when finished	ambulat- ing
CONCEPTS	Ambulation and Transfer cont'd.		

SUGGESTED EVALUATION			
LEARNING OPPORTUNITIES			
CONTENT	6. wash and dry area thoroughly with alcohol 7. make sure excess tubing rests on bed, not on floor 8. make sure tubing is not crooked or kinked 9. make sure patient is not lying on tubing	2. Intravenous infusion	a. support arm with I. V. b. make sure it is connected well c. make sure needle remains intact, tubing not kinked d. any pain or swelling (puff- iness) around I.V. should be reported 3. Patient on crutches a. have patient wear shoes b. check rubber stoppers on end of crutches
CONCEPTS	Ambulation and Transfer cont'd.		



SUGGESTED EVALUATION	Written assignment:  1. List those general principles which would apply to any or every area of patient care in this unit.  2. Why are these principles so important?
LEARNING OPPORTUNITIES	
CONTENT	c. make sure pathway is clear d. never let patient lean on crutches e. have crutch top 2 inches below armpit f. lend support if necessary  4. Patient with a cane a. check rubber stopper on end b. have chair near for the first attempt  5. Blind patient follows aide's arm b. patient follows aide should describe what she sees d. remove any safety hazards
CONCEPTS	Ambulation and Transfer cont'd.



# UNIT VIII — THE HUMAN BODY (PHYSIOLOGY AND ANATOMY)

(Recommended time: Will depend on other units but at least 3 weeks.)

CONCEPTS	CONTENT	LEARNING OPPORTUNITIES	SUGGESTED EVALUATION
The Human Body	I. Eight major systems		
	<ul> <li>A. Skeletal</li> <li>B. Muscular</li> <li>C. Digestive</li> <li>D. Excretory (elimination)</li> <li>E. Circulatory (or vascular)</li> <li>F. Respiratory</li> <li>G. Nervous</li> <li>H. Reproductive</li> </ul>	Use over-lay transparencies and show how the 8 systems relate to each other.	List the major systems of the human body.
	II. Cells A. Types B. Division	Show the various stages of cell division by simple drawings after seeing transparencies depicting process.	
	III. Tissues		
_	A. Epitheliel	Add new words to vocabulary. If it has not	Have a spelling bee to determine how well
	1. Secretion 2. Absorption B. Connective C. Muscular D. Nervous	could begin making her own dictionary.	students can define and spell new words.
,	IV. Organs		
Skin, the first line of defense	<ul> <li>I. Functions of the skin</li> <li>A. Aesthetic value</li> <li>B. Shows one of the first signs of illness</li> <li>C. Protects body from bacteria</li> <li>D. Nerve endings in skin give a sense of feel</li> <li>E. Provides for excretion of waste</li> <li>1. perspiration</li> <li>2. oil</li> <li>F. Regulates temperature of the body</li> </ul>	Discuss the skin as a primary human organ; how does it protect, warn, and maintain the human body.	Draw a picture of a side view of the skin layers. What happens when you cover it for a prolonged period of time, e.g., two days with a band-aid.

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SUGGESTED EVALUATION		Demonstrate washing areas of skin where bone is near surface, e.g., near elbow. Explain why moving the patient is important.		Oraw a picture of a clinical thermometer and explain the various parts.	Read a thermometer accurately.	
LEARNING OPPORTUNITIES	Show how pores function to protect the body. Cover with make-up. What happens?	Explain the depth of the skin ulcer problem.  Use a good film to help the students realize how serious decubitus ulcers can be.  Review material developed in Personal Care Unit.	Use any of the new commercial models of bcdy organs to introduce function of heart and lungs.  Discuss the temperature of the body as a		Students practice taking each other's temperature:	Demonstration and feedback of axillary temperature. A - 72
CONTENT	G. Clean skin gives a feel- ing of well-being	<ul> <li>II. Structure</li> <li>A. Epidermis</li> <li>B. Dermis</li> <li>C. Subcutaneous tissue</li> <li>D. Mucous menibrane</li> <li>III. Decubitus Ulcers</li> <li>A. Lack of blood supply and nutrition to underlying tissue</li> <li>B. Painful</li> <li>C. Slow to heel, if ever</li> <li>D. Secondary bacterial infection usually involved</li> </ul>	<ul> <li>I. The normal body</li> <li>A. Conversion of food occurs normally</li> <li>B. Heart pumps steady</li> <li>C. Lungs take in regular air supply</li> <li>D. Body heat is constant</li> <li>II. Vital signs</li> </ul>	A. Temperature  1. Normal adult oral temperature — 98.6° F.  2. Procedure in using a clinical thermometer	3. Using a rectal thermometer 4. Reading a thermometer 5. Care of thermometer 6. Recording the reading 7. Axillary temperature	
CONCEPTS	Skin, the first line of defense cont'd.		Cardinal Symptoms			

SUGGESTED EVALUATION		Feedback demonstration of taking a pulse reading.	Identify action taken by staff member when readings are not normal.			Feedback demonstration of miles and rec	piration reading. Record accurately.		
LEARNING OPPORTUNITIES		Demonstration and practice of pulse rate after various forms of activity.	See (DENT) Video Tape, Lesson 7, TPR Theory.			Demonstration and practice of reading	respiration and pulse at the same time.	Have the students decide on several possible activities to undertake before doing a second and third reading. Divide into teams to check other students in the building, e.g., the gym, cafeteria, study hall, etc.	
CONTENT	B. Pulse	1. Normal, adult pulse rate from 72-80 beats	2. Factors which influence pulse	a. sex b. exercise c. posture d. digestion e. physique f. emotion g. disease h. blood pressure	<ul> <li>3. Usually taken at wrist</li> <li>4. Method for taking pulse</li> <li>5. Recording pulse rate on TPR chart</li> </ul>	C. Respiration	1. Healthy adults breathe 16-20 times a minute 2. Factors influencing respiration	a. sex b. exercise c. digestion d. emotion e. disease f. drugs g. cold h. pain, fever, and shock	3. Inhalation and exhalation 4. Taking respiration count 5. Recording count accurately
CONCEPTS	Cardinal Symptoms	cont'd.					<del></del>		

SUGGESTED EVALUATION	Use a blank skeleton figure and the students will identify as many major bones as possible.  This can also be done orally.	Use a simple multiple-choice quiz to evaluate knowledge.
LEARNING OPPORTUNITIES	Borrow a skeleton from the Science Department and invite the biology teacher to explain the major bones in the body and how they work.  Ask the students (or provide) to bring a chicken thigh bone to class.  a. Explain various parts  b. Break the bone and discuss marrow (Bone should not be cooked.)	Use transparencies to show various muscular structures.  Learn names and purpose of major muscle structure.  Recall information learned earlier in biology class and/or home nursing.
CONTENT	I. The Body's Framework  A. Bones  1. Hard 2. Elastic  B. Structure of bones 2. Nerves 3. Cartilage 4. Marrow  C. Function of bones  1. Structural framework 2. Protection for various organs 3. Storage depot for minerals 4. Act as levers 5. Produce blood cells in the bone marrow	<ul> <li>A. Muscular structure</li> <li>A. Muscular structure</li> <li>1. Voluntary</li> <li>2. Involuntary</li> <li>3. Tendons</li> <li>4. Types</li> <li>a. skeletal</li> <li>b. smooth</li> <li>c. cardiac</li> <li>c. cardiac</li> <li>d. Muscular function</li> <li>1. Produces movement</li> <li>2. Maintains the body</li> <li>posture</li> <li>3. Burns glycogen producing heat and</li> <li>energy</li> </ul>
CONCEPTS	Skeletal System	Muscular System

SUGGESTED EVALUATION									
LEARNING OPPORTUNITIES	Use overlay transparencies to show process of food to mouth, stomach, small intestine, large intestine and rectum.  Explain and discuss each step.  Evaluate a television ad for a laxative or other product in light of the facts learned.	Discuss laxatives and constipation explained in Unit VII.	Use a diagram to explain various parts of the kidney.  Bring a real pork or veal kidney to class (be sure it's refrigerated till use). Examine the organ inside and outside.	Briefly discuss "uremic poisoning." Discuss relationship with digestive system.					
CONTENT	III. Food Consumption and Absorption  A. The Alimentary Canal  1. Stomach  a. food enters b. glands secretch juices c. activates enzyme, pepsin d. food is converted into amino acids e. three to five hour process  2. The small intestine	B. A physical and chemical process	<ul> <li>IV. The Body's Filtering System</li> <li>A. 'The kidneys</li> <li>1. Shaped like oversize kidney beans</li> <li>2. Composed of microscopic tubules</li> <li>3. Connected to bladder by the ureters</li> </ul>	B. The bladder  1. Hallow sac  2. Reservoir for urine					
CONCEPTS	Digestive System		Excretory System						

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ERIC	CONCEPTS	Excretory System cont'd.	Circulatory System		

Review major points in a quiz using completion items.

SUGGESTED EVALUATION

LEARNING OPPORTUNITIES

CONTENT

The urethra

penon rems.							Use a blank drawing of a heart. Have the students label the parts and colored pencils to show the flow of blood.
	Use transparencies or charts to show how blood moves in and out of the heart to maintain life.		Look at a drop of blood under a microscope.	Identify major problems related to this organ of the body.	Explain the role of white cells, red cells and disease.		Discuss the limited role of entry level personnel in cardiac cases.
<ol> <li>Conducts urine from bladder to point of discharge</li> <li>Voluntarily controlled</li> </ol>	V. Vascular system and structure. A. System	<ol> <li>Arteries</li> <li>Veins</li> <li>Capillaries</li> </ol>	B. Structure 1. Blood	a. thick, red liquid b. one-twelfth body	weight c. six quarts in average body d. transports oxy-	e. removes waste f. maintains proper fluid balance g. defends body against disease	2. Heart a. acts as two pumps b. divides circula- tory system c. rythmic cardiac contractions

Thrombosis Embalisms Strokes Arteriosclerosis Heart attack

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Circulatory failures

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SUGGESTED EVALUATION				Repeat respiration and pulse feedback demonstration to see if students remem- ber.		Use an instrument with matching items to evaluate.		
LEARNING OPPORTUNITIES	Use a water faucet without a handle to demonstrate. Use a balloon to show what happens in an aneurysm.	Use overhead transparencies (or large- size charts) to discuss structure of the system.		Relate to respiration studied earlier. Discuss the reasons why this is an import regular record.	Study the system using transparencies or charts.	Learn the names and positions of these parts of the body.	Invite an M.D. to the class to demonstrate the autonomic system. (Many students may have never had a physical exam and are unfamiliar with this aspect of their bodies.)	
CONTENT	D. Hemorrhage E. An Aneurysm	VI. Breathing A. Structure of the system 1. A series of passage- ways a. A social series of a structure of the system	b. pharynx c. larynx d. trachea e. bronchi	<ul> <li>B. Function of the system</li> <li>1. Obtaining oxygen</li> <li>2. Dispelling carbon dioxide</li> <li>3. Exchange must be continuous</li> </ul>	e I ste	A. Structure 1. Brain 2. Spinal cord 3. Nerves		C. Central Nervous System  1. Brain
CONCEPTS	Circulatory System cont'd.	Respiratory System			Nervous System		·	

SUGGESTED EVALUATION						
LEARNING OPPORTUNITIES		Bibliographical materials indicate that this unit is omitted, more often than not omitted, in the greatest number of sources.	The topic needs to be discussed further and materials added to these suggestions.			
CONTENT	a. cerebrum b. cerebellum 2. Spinal cord	VIII. The Body's Reproducing System A. The Female system	B. The Male system			
CONCEPTS	Nervous System cont'd.	Reproductive System				

### HEALTH SERVICES II

### Curriculum Guidelines

Unit I Review of Content and Skills Developed in Health Services I

Unit II Recording Information

- A. Charting
  - 1. Temperature
  - 2. Pulse
  - 3. Respiration
  - 4. Blood Pressure\*
  - 5. Intake and Output
- B. Anecdotal Information
  - 1. Objective
  - 2. Subjective

Unit III How the Body Systems Work

- A. Skeletal
- B. Nervous
- C. Respiratory
- D. Circulatory
- E. Digestive
- F. Elimination
  - 1. <u>Discussion</u> of enema\*
  - 2. Observation of urine and stool

(The emphasis in the second course experience will be of greater depth and breadth of understanding. The students would be expected to more fully understand the processes involved in each system, as well as the relationship between systems.)

Unit IV Symptoms of Illness

- A. Nature of symptoms
- B. Methods of detection
  - 1. Objective
  - 2. Subjective



<sup>\*</sup>This is a debatable practice or skill required of nurse's aides. It is known that this is a local institutional decision and as such should be left to the health institution to teach.

Unit V Care for Special Types of Patients

A. Isolation

B. Mother and Baby

C. Diabetic

D. Cardiac

E. Geriatrics

Unit VI Treatments

A. Hot and Cold Pack Applications

B. Sitz Bath

C. Binders and Bandages

Unit VII Physical Examinations and Positioning

Unit VIII Pre-Operative and Post-Operative Care

Unit IX Bed Bath and Back Rub

Unit X Method of Transfer and Ambulation

Unit XI Care of the Dying and Spritual Needs of the Patient

Unit XII Counseling and Future Plans

A. Job

B. Further Training

1. Scholarship

2. Financial Aid

C. Learning while Earning

It is suggested that at the conclusion of Health Services II, a set of competency evaluations which cover the basic knowledges and skills would be administered to each student. The student would be required to achieve at a performance level pre-determined by an advisory committee made up of representatives from institutions participating in the cooperative work experience and the health service staff in the school

These competencies should be made known to the students at the onset of the total experience. In this manner, the student can be evaluating his own progress as he moves through the sequence. In the opinion of this author, this is a vital aspect of the learning. The student must have a realistic perception of his own ability and the contribution these competencies will make in the total care of patients.



### APPENDIX B

Bibliography for Secondary School Programs



Abdallah, Mary C., R.N., <u>Nurses Aide Study Manual</u>. Philadelphia: W. B. Saunders Co., 1965.

This manual is a very good source for both the Health Services I and the Health Services II. Some of the lessons are geared to the beginning course while other lessons can be omitted until the student is in the advanced course. It provides the reader with basic information required for actual patient care. The book deals with orientation, hospital ethics, human anatomy, basic procedures and techniques of care and actual situations like those in the hospital. It is written for students in a vocational type program. There are diagrams, summaries and even review questions to help the student learning processes. This manual is used in several schools at the present time.

Handbook for Nursing Aides can be obtained from the hospitals which the school uses for co-op. These are especially valuable because the student is able to learn the procedures used by the hospital or hospitals that his coordinator uses. These handbooks have instructions as well as sample charts, etc., used by the nurse aide.

Baron, Margaret Le., Thompson, Ella M., Simplified Nursing, Seventh edition. Philadelphia: J. B. Lippincott Co., 1960.

Most of the emphasis is for the practical nurse. There are up-to-date discussions on drugs and treatments in use at the present time. The history of the Practical Nursing profession and the laws governing this practice is dealt with. It also stresses the need for practical nurses. For those students who might possibly have an interest in this area this would be very helpful. The color diagrams of the human body are very detailed and illustrative. There is also a good section on patient care which the students would benefit from.

Basic Nursing Skills, Student Study Guide.

Produced by: Detroit Education for Nursing via 2500 Megacycle TV.
Collage of Nursing
Wayne State University
Detroit, Michigan

in cooperation with

Center for Instructional Technology Wayne State University Detroit, Michigan

This study guide is designed to go with the Tele-lesson tapes and would require supplementary reading on the part of the students plus a thorough study of the guide before classroom viewing of the tapes. This is the guide used in the first Health Services workshop. held at Wayne State University for teachers interested in the field of Health Services as taught in the vocational departments of their respective schools. The students would surely find the guide informative and quite a different kind of learning experience. For additional information, contact the College of Nursing, Wayne State University, Detroit, Michigan.



Course Outline, Nurse Aide and Orderly Training Program. Senior Year. Cooperative Vocational Education for Lake Shore High School. Twelfth Grade Cooperative. Written By Robert W. Churly and Lois A. Marentette.

Units in instruction are given in outlined form. The materials are text-oriented with skills and procedures being intermingled within the instruction. The text was not available, but the outline seemed sufficient if correlated to a text.

Dakin, Florence and Thompson, Ella M., Simplified Nursing. Philadel-phia: J. B. Lippincott Co.

"Intended mostly for the Practical nurse", although there are very good materials on the Human Body, Health, Illness, etc.

On page 469, there is a very good chapter entitled "Nursing Is an Art." This topic would be well worth having all the students read. There is also a good section on procedures such as bedmaking, admitting patients, transfer and additional information on types of illnesses. This book is recommended as a supplement for the nurse aide in Health Services I.

Diehl, Harold S., Laton, Anita D., Vaughn, Franklin C. <u>Health and Safety for You</u>, Second edition. New York: Webster Division, McGraw Hill Book Co., 1961.

"The second edition contains eight chapters on mental health and personality development. Profusely illustrated. Introduces the student to the areas of health and safety."

There is a section in this book on your body's supply systems which would be valuable to the nurse aides study for the Health Services Course. There is also a chapter on personality development that would be helpful in the Introductory Course as well as the Health Services Course. There are illustrative diagrams of the body.

Fuerst, Elinor and Wolff, Luverne, <u>Fundamentals of Nursing</u>, Third edition. Philadelphia: J. B. Lippincott Co., 1964.

This book is recommended highly as a textbook for the course which the students have copies of in the classroom or purchase as their own. It is very detailed and covers those areas of nursing care which the student would be responsible for knowing. Principles and guides in nursing care are given and elaborated upon clearly enough for classroom use. It presents concepts that are fundamental to the practice of the nurse aide for hospital co-op.

Handbook for Nursing Aides in Hospitals, Betty Golrick and Dorothy Sutherland, under the direction of Margaret G. Arnstein, Director of Nursing Resources, Public Health Service. American Hospital Association, c. 1957. 192 pages.

"This manual for teaching 67 simple nursing procedures served as the basis for a nationwide project for training nurses aides, sponsored by the National League for Nursing, Department of Hospital Nursing;



the Division of Nursing Resources, U. S. Public Health Service; and the Council on Professional Practices, American Hospital Association."

This handbook can be obtained from: American Hospital Association 840 N. Lake Shore Drive Chicago, Illinois 60611 \$2.00

Handbook for Nursing Aides in Hospitals, published by The American Hospital Association Council on Professional Practice, 840 N. Lake Shore Drive, Chicago 11, Illinois.

This booklet is based on training of the nurse aide. It is very illustrative. Specific emphasis is put on what is to be done and how effectively it can be done. There is very detailed information and illustration on care of patients, care of hospital equipment, and nursing techniques in general. These are supplemented by numerous illustrations. The illustrations are in aqua and white and very impressive. Highly recommended for the students.

Harmer, Bertha, R.N. A.M. <u>Textbook of the Principles and Practice of</u> Nursing. New York: The Macmillan Co., 1960.

"This text is intended as a guide to instructors and students of nursing and as a general reference for nurses practicing in hospital or clinic, office or home."

This book goes very thoroughly into fundamentals of nursing care. There are numerous picture illustrations and explanations. There is a section on common problems in nursing practice which would be ideal as a learning experience for the class. The role of the nurse aide in realistic situations is emphasized. For co-op students this book would be an excellent source for information they might want to look up on their own, or for outside readings to be followed by discussion.

Leake, Mary J., Manual of Simple Nursing Procedures. Philadelphia: W. B. Saunders Co., 1961.

"The purpose and content are to facilitate the training of nursing assistants, the attendant and nursing aide."

This manual has materials specifically related to the duties performed by the above persons. There are detailed explanations, drawings and step-by-step procedures. Questions are given at the end of the chapters. Illustrations are numerous and aid in clarifying the explanations that are not too clear.

Matheney, Ruth V., Nolan, Breda T., Ehrhart, Alice M., Griffin, Joanne King. Fundamentals of Patient Centered Nursing. St. Louis: The C. V. Mosby Co., 1964.

"This book is designed for beginning students in nursing and is based upon fundamental concepts that are applicable to all clinical areas in nursing. As such, it provides the basis upon which the unique aspects of each of the major clinical areas can be built."



This book contains very basic concepts and has many illustrations. It progresses from the very simple but fundamental to the more complex. The Health Team concept is discussed and so are the personalities of different workers and from there the basic needs of the patient are discussed and related to members of the Health Team. The latter part of the book becomes very deep for the students and deals with experiences that are complex and not the responsibility of the nurse aide. It is recommended that the last chapters on overt nursing and rehabilitation be omitted for the students.

Nursing Procedures, Chicago Michael Reese Hospital School of Nursing, Chicago, Illinois. March, 1942.

Procedures and equipment used for different jobs is given, but with no detailed plans or pictures. Not recommended for classroom use because of limited directions and illustrations.

Nordmark, Madelyn T. and Ronweder, Anne W., Scientific Foundations of Nursing, Second edition. Philadelphia: J. B. Lippincott Co., 1967.

"This book was conceived originally as a guide for teachers of nursing students. Since publication seven years ago, however, the book has been used increasingly by nursing students in both basic and graduate nursing programs. Comments and suggestions that filtered back to the authors seemed to indicate interest in a revision that would (1) increase the science content and the nursing application and (2) present the material in a form that might be more useful to students."

"This edition is an amalgamation of the data from the original and and expansion in the science and the related nursing."

This book is recommended as an excellent reference to the Health Services teacher and for the more advanced students. Especially good is the section on social science and nursing application dealing with attitudes, beliefs, behavior, etc.

Otto, James H., Julian, Cloyd J., Tether, Edward J. Modern Health. Holt, Rinehart and Winston, Inc., c. 1963.

"Modern Health is suited to either a one semester or a full year course in health and safety, offered at any level in the high school curriculum."

This book is especially good for the lessons on the human body. The systems of the body are diagrammed and the pages are so that parts of the body are on separate pages and can be lifted for clarification, viewing the number codes, and naming the parts of the body. These diagrams are of anatomical transparencies in vivid colors with a key to the different parts. For classroom use this is very dramatic and interesting to the students as well as an invaluable learning experience. There is a very good section on body mechanics and how the body works. Although this text would not be sufficient in all the other areas it is well worth while for the lessons on the body. Very good for both classes in Health Services I and II.



Price, Alice L., R.N., M.A. The Art, Science, and Spirit of Hursing. Third edition. Philadelphia: W. B. Saunders Cc., 1965.

"The Art, Science, And Spirit of Nursing is now familiar as a text or reference work to students of nursing throughout this country and Canada."

Some of the reading as well as the materials presented in this text are beyond those of the nurse aide duties so that this text might be used for a reference for those students who are seeking additional information concerning a career. This book is not recommended for all students and the materials are not covered as thoroughly as they are in some other texts. There is a supplement for use with the book which the teacher uses. You would need quite a bit of extra reading to go along with the text if it were used in the classroom.

Reese, Dorothy E. How to be a Nursing Aide in a Nursing Home. Division of Nursing Resources, U. S. Public Health Service, c. 1958.

"This teaching manual uses simple, illustrated lessons to teach nursing aide procedures. It emphasizes rehabilitation and other needs of aged and chronically ill patients."

It can be obtained from: American Nursing Homes Association 1346 Connecticut Avenue N. W. Washington, D. C. \$2.50

Rothweiler, Ella L., White, Jean Martin. The Art and Science of Nursing. Revised by Doris A. Geitzey. Sixth edition. Philadelphia: F. A. Davis Co., 1965.

This book contains 114 illustrations that are very good. It is excellent for students references. It has numerous charts, abbreviations and pictures. I recommend it for students reference, but it is not detailed in all areas.

Seedor, Mary M., <u>Introduction to Asepsis</u>, a programmed unit in the fundamentals of nursing. Bureau of Publications, Teacher College, Columbia University, 1963.

A very good check for the students to see if they really understand medical asepsis. Situations are given and there is a choice for the student to choose which answer best carries out the procedures in terms of medical asepsis. Some parts of the book are very good sources for classroom discussions. There is a guide included with the book that helps the teacher to set the stage for the material and helps her to evaluate the students in terms of their learning experiences.

Sutton, Audrey Latshaw. Bedside Nursing Techniques in Medicine and Surgery. Philadelphia: W. B. Saunders Co., c. 1964.

"This book is designed to serve as a handbook of practical information for the bedside nurse. It is a reference for all those occasions when the hurse knows what to do but can't quite remember how



to go about doing it."

The first chapter is very detailed in relation to the modern hospital with informationabout the units, equipment, etc. The procedures to be used are discussed and pictures and diagrams are shown. This effective use of diagrams and pictures is quite good.

Winters, Margaret Campbell. <u>Protective Body Mechanics in Daily Life</u> and in Nursing. Philadelphia: W. B. Saunders Co., 1952.

"A manual for nurses and their co-workers." 150 pages.

# References for the Co-ordinator or Health Teacher in Setting Up Stations for Work or Practice Situations

Henriksen, Heide L. Curriculum Study of the Occupational Health Aspects of Nursing, C. 1959.

This an excellent reference for teachers for an insight into what other places, as well as schools, are doing about health service personnel. It is especially helpful in listing duties of members of the health team, employment figures, and evaluations. There are evaluation excerpts and examples so that you have a guide to help students understand what they can expect to be graded upon and what they should know in a given position.

Homburger, Freddy and Bonner, Charles D., <u>Medical Care and Rehabilitation of the Aged and Chronically Ill</u>. Boston: Little, Brown, and Co., 1964.

For those students who will be dealing with the elderly patient, this is a very helpful source of information. Some parts of the book are not functions of the nurse aide but others listed are.

Horizons Unlimited, A Medical Careers Handbook. c. 1967.

A very concise paper-bound pocketbook-size edition on careers for those interested in the health field. Specific emphasis on what is available to the student in different areas of health occupations, qualifications necessary and the course of study needed. Tells where the student can get the training for a specific job in Michigan. May be obtained free of charge from the Michigan Health Council, 712 Abbott Road, East Lansing, Michigan.

Lambertsen, Eleanor C. Nursing Team Organization and Functioning.
Bureau of Publications, Leachers College, Columbia University, 1953.

"This publication is the outgrowth of experimentation designed to solve the problem of utilizing nursing personnel in hospitals most advantageously."



Good information is given on the health team. Types of training for the health nurse, duties, etc., are clarified. The main emphasis is on working together and even though the book is not a recent one. this section on team efforts could be used.

O'Donnell, Beatrice, Associate Professor, College of Education, Michigan State University. Worker Requirements and Methods of Entry into Home Economics and Community Occupations Related to Home Economics.

"Brief dscriptions of specific occupations classified into six clusters. Highlights of areas of Work and Worker Trait Groups for Individual Occupations."

"Selected from the Dictionary of Occupational Titles, Vol. Iand II. Third edition, 1965. The Executive Board of the Michigan Home Economics Association reacted to the proposed method for identification of Home Economics related occupations and provided names of persons who were knowledgeable about the extent home economics was needed for job competence or job training for specific occupations."

Pearl, Arthur and Riesman, Frank. New Careers for the Poor. New York: The Free Press of Glencoe, c. 1965.

"This book offers a powerful new approach to the war on poverty. The basic idea is to develop four to six million meaningful careers not merely jobs for the poor in the helping profession, such as social work, teaching, recreation, and health services."

This book can be a valuable aide to the co-ordinator.

Skipper, James K. Jr. and Leonard, Robert C. Social Interaction and Patient Gare. Philadelphia: J. B. Lippincott Co., 1965.

"Well researched readings that serve as a link between the social sciences and clinical practice, including the nurses' role."

This is an excellent reference for students to use for readings concerning the care of patients. The articles that you could assign from Skipper would help the students to realize the needs and anxieties of the ill. This may serve as a supplementary reading guide before role-playing.

You, Your Job, and Your Future. By the editors of Changing Times.
Published by the Kiplinger Washington Editors, Inc., Washington,
D. C., 1964.

"This book will help you with an analysis of yourself. It will also help you with some pertinent facts about specific jobs and careers and the mechanics of getting and keeping the job you want. It offers no scientific formulas and no guarantees of success. All it attempts to do is to give you a shove — a shove toward further thinking about yourself, your qualifications, your temperament, the job you fill or the job you would like to fill."



Desirable for the introductory course as a supplement for those students who are unsure about their ability to become a member of the health team and if so, in what area. The reading is very clear and easy to understand. Then for those students on co-op, it has valuable information on getting a job. Quite informative.

For additional information concerning career opportunities existing in the health field in Michigan, write to;

Michigan Health Council 712 Abbott Road East Lansing, Michigan

or

Michigan State Medical Society 120 West Saginaw Street East Lansing, Michigan



### Periodicals

- These periodicals are listed because they are a valuable aid for the teacher to use in relating the most current medical articles to the students. Some of the articles may be used as classroom reading assignments.
- American Journal of Nursing, J. B. Lippincott Co.; East Washington Square; Philadelphia, Pennsylvania, 19105.
- The Journal of the American Medical Association (J.A.M.A.) published under the auspices of the Board of Trustees; c. by the American Medical Association.
- The Journal of Nursing Education, Blakiston Division, McGraw Hill Book Co.; 330 West 42nd Street, New York, New York, 10036.
- Journal of Psychiatric Nursing and Mental Services; Box 204, Bordentown, New Jersey, 08505.
- Michigan Hospital, official Journal of the Michigan Hospital Association. Published monthly by the Michigan Hospital Association, 2213 East Grand River; Lansing, Michigan, 48912.
- Nursing Outlook, W. B. Saunders Co., Philadelphia, Pennsylvania.
- Nursing Research, sponsored by the National League for Nursing;
  The American Nurses Association; 1315 Cherry Street, Philadelphia,
  Pennsylvania.
- Scientific American, est. 1845. Published monthly, 415 Madison Avenue, New York, New York, 10017.
- World Health, the magazine of the World Health Organization; Columbia University Press; International Documents Service; 136 South Broadway, Irvington on Hudson, New York, New York



### APPENDIX C

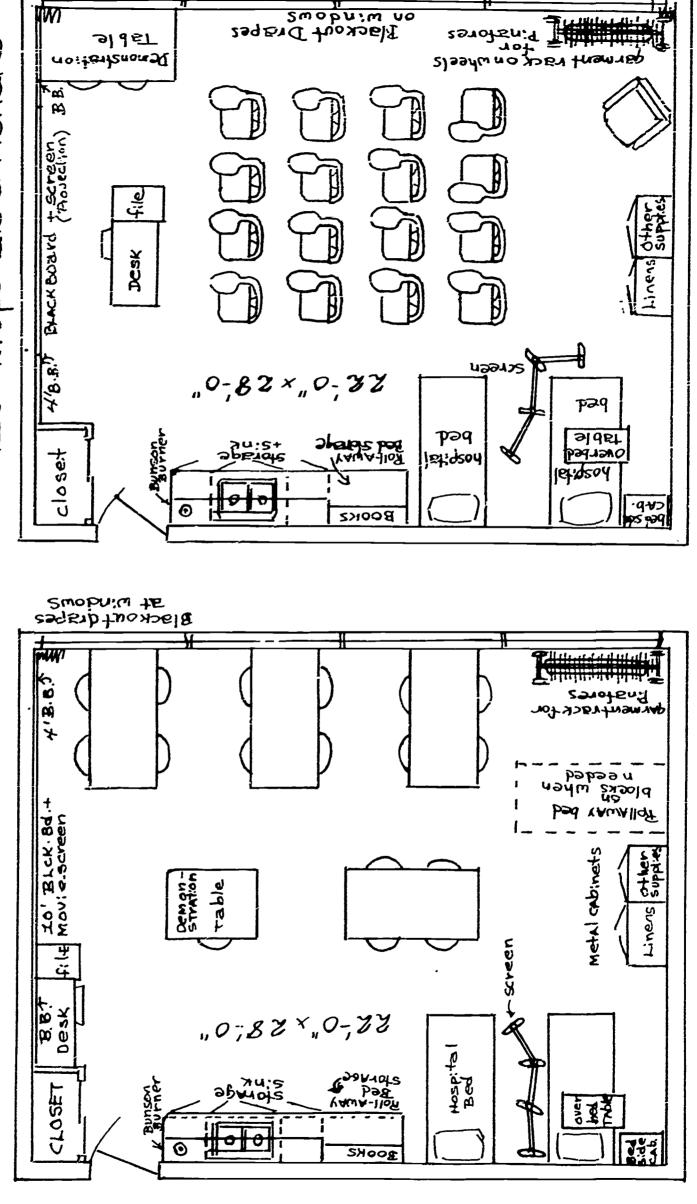
Floor Plans and Equipment Lists



FOR A BEGINNING PROGRAM OFFERING Por 16 students 616 SQ. FT. MUM FACILITYS

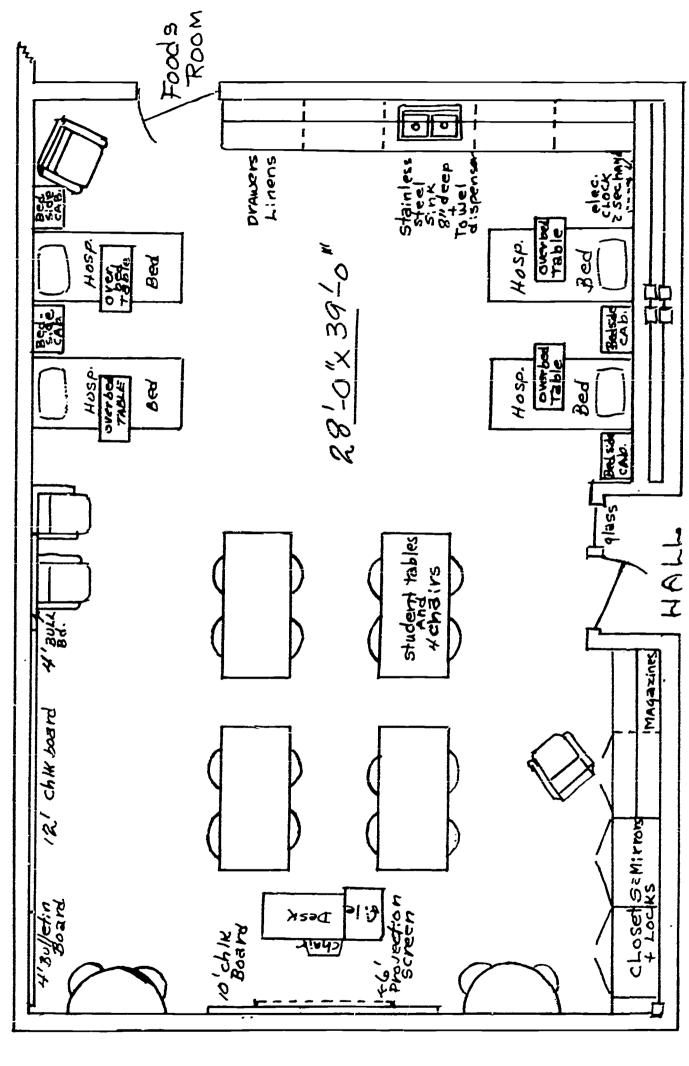
A. with tables

B. with paddle armchairs

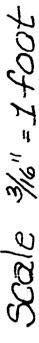




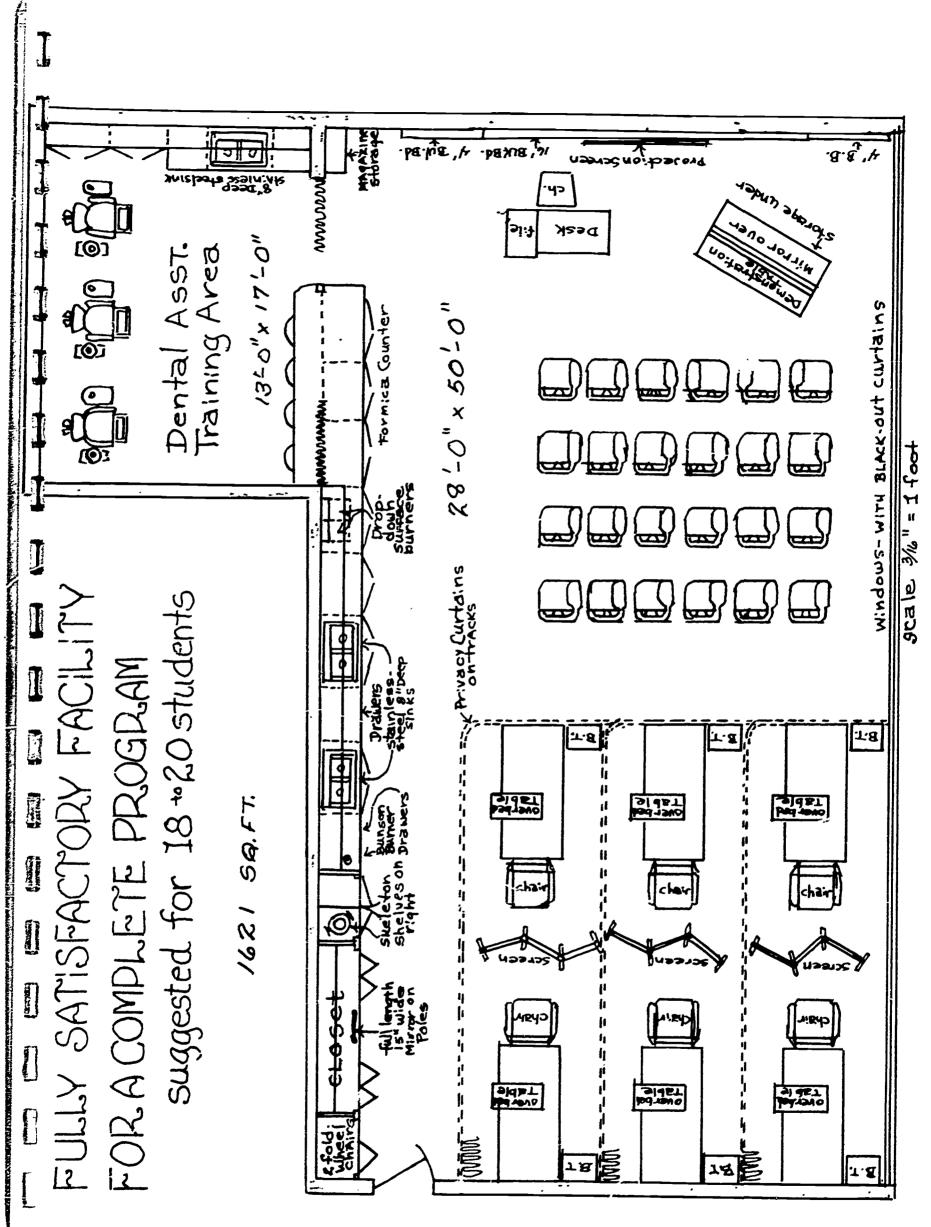
# ADEQUATE FACILITY - WITH SOME DEFICIENCIES students 18 to 20 1092 SQFT



air-conditioned inside room







ERIC Full track Provided by EBIC

### LII

### APPENDIX D

Community Survey Instrument



### SURVEY for NURSE AIDE PREPARATION FOR EMPLOYMEÑT

Name	of Instit	tution _											
Address							Phone:						
Persor	comple	ting Que	stionnaire										_
					nam	e		title					
Total	number	of Nurse	Aides pre	sently er	nployed o	r desi	red on staff					_	
Appro	ximate 1	turnover	in Nurse A	vides (No	o. jobs avai	ilable	per month)						
Salary Range: to						_							
			starting				maximum						
*	*	*	*	۴	*	*	* *		*	*	*	*	*
QUAL	.IFICA.T	IONS fo	r employm	ent (cir	cle, check,	or fil	II in as needed):				Mini	mum age	
Edi	ucation:	High Sc	hool gradu	iate?	yes		no						
		Prior Nu	ırse Aide T	raining	Course?		required	desir	able				
		Do you	offer a tra	ining co	urse at star	t of e	emp!oyment?		yes	no			
		If so,	length of	time inv	olved in tr	ainin	g course:						
					n after em			yes		по		•	
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	•		experience	-	-								
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	Service								_				<del></del>
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SKILLS/KNOWŁEDGE NEEDED	Minimum for employment	Within range of duties anticipated	Desirable or of value if known
Collect specimens		·	
Feces			
Urine			
Sputum			
Test diabetic urine			
Clean equipment			
Sterilize equipment	<del></del>		
Take TPR's	<del></del>	<del></del>	
Take Blood Pressure		· <del>······</del>	
Charting			
Enemas			
Cleansing			
Irrigations			
Douches			
Ear		_	
Stomach			
Insert Tubes/Catheters			
Apply Binders			
Change Bandages			
Give Injections	<del></del>		
Hot/Cold Packs and Applications			
Care of Patient in Traction			
Isolation Care			
Pre-Operative Care			
Post-Operative Care			
Cleaning the Unit			
Others? Please list any additional tasks that may have	been overlooked due to my o	wn unfamiliarity with this	s field.
If our school were to initiate a Nurse Aide Traini	ng Course, would your Institu	ıtion consider working ou	t a
Co-Op program to enable the students to gain fur Would you or scrneone from your staff be willing such a course?	rther experience?		
If you have any available material such as tob De			

If you have any available material such as Job Description, List of Duties, Employment Data, or Tests used in hiring Nurses Aides which you would be willing to share, I would appreciate your forwarding this.



### APPENDIX E

Workshop Evaluation



## WAYNE STATE UNIVERSITY FAMILY LIFE EDUCATION DEPARTMENT

Health Services Workshop July, 1968

### FINAL EVALUATION

The original proposal to the Michigan Department of Education, Division of Vocational Education included five (5) basic objectives for the workshop:

- 1. Develop an understanding of the scope of the health occupations with an emphasis on setting up high school courses and experiences within these courses.
- 2. Prepare teachers to conduct health occupation courses in secondary schools through an intensified educational experience in the significant content areas.
- 3. Develop some curriculum materials for teaching based on the educational experience in the content areas stressing sound educational objectives.
- 4. Field-test the developed materials as courses are offered in the secondary schools.
- 5. Evaluate the feasibility of this type of workshop of the college campus in relation to future plans.

### Part I

As a member of the workshop, discuss how the objectives were met from your own point of view. It is apparent, that No. 4 should be omitted at this time.

In No. 5, be sure to include suggestions for future workshops and the work experience for teachers discussed in class. If there are specific content experiences which you feel should be included with the work experiences, describe these as well.

Include your name and the date on the paper representing Part I.

### Part II

This portion of the evaluation may be done anonymously. In any event, it should be on a separate sheet of paper.

From your point of view,

- a. What were the strengths of the workshop?
- b. What were the weaknesses of the workshop?
- c. Did you feel the time allowed was sufficient for the tasks to be accomplished?
- d. Would you feel competent to begin developing a program in your own school?

